

L10000069736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

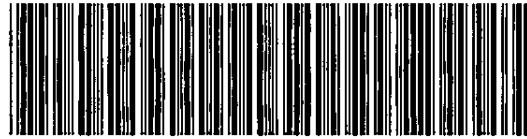
(Business Entity Name)

(Document Number)

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FILED
JAN 29 2014
TALLAHASSEE, FL 32301
CLERK OF COURT
JAN 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HLB Specialties, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Hartmann de Barros

Name of Person

HLB Specialties, LLC

Firm/Company

1450 SW 6th Court

Address

Pompano Beach, FL 33069

City/State and Zip Code

usa@hlbspec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Hartmann de Barros at **(954) 475-8808**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

HLB Specialties, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TIMOTHY MEISSNER	1430 SW 6TH COURT	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
MGR	JENNIFER WALTON	1430 SW 6TH COURT	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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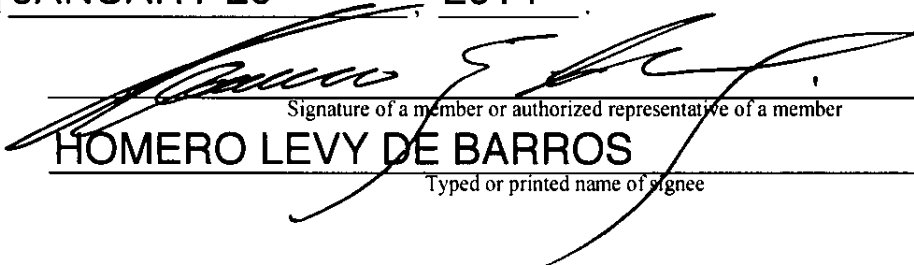
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 20, 2014



Signature of a member or authorized representative of a member
HOMERO LEVY DE BARROS

Typed or printed name of signee

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TALLAHASSEE
14 JAN 28 PM 10:23
6131 1417