## L1000070946

| (Req                      | uestor's Name)   |             |
|---------------------------|------------------|-------------|
| (Add                      | ress)            | <del></del> |
| (Add                      | ress)            |             |
| (City                     | /State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT             | MAIL        |
| (Busi                     | iness Entity Nan | ne)         |
| (Doc                      | ument Number)    |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | iling Officer:   |             |
|                           |                  |             |
|                           |                  |             |
|                           |                  |             |

Office Use Only



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B. KOHR
AUG 1 1 2010

EXAMINER

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: HB Partners 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:  |
| Priscila V. Gieselmon  Name of Person  HB Partners LLC  Firm/Company  6941 Morse Oaks Dr.  |
| 6941 Morse Oaks Dr.  |
| Address  |
| Jacksonville 41 32244  |
| Poen 165 and Zip Code  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Priscia Gieselman at 912, 9960869  Name of Person Area Code & Daytime Telephone Number   |
|  |
| Enclosed is a check for the following amount:  [V\$25.00 Filing Fee \$\times\$\$30.00 Filing Fee &\times\$\$\$\$\$\$[\$\$55.00 Filing Fee &\times\$                              |
| Certificate of Status  Certified Copy  (additional copy is enclosed)  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 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HB Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Flo  | orida Limited Liability Company)        | ······································   |
|---|---|--|
| The Articles of Organization for this Limited Liabi<br>Florida document number 120000                                       | ility Company were filed on July        | 16.2010 and assigned                     |
| This amendment is submitted to amend the following  | ing:                                    |  |
| A. If amending name, enter the new name of th   | e limited liability company here:       | NA.                                      |
| The new name must be distinguishable and end with the "L.L.C."  | he words "Limited Liability Company," t | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable  | le:                                     |  |
| (Principal office address MUST BE A STREET A  | ADDRESS)                                |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO   | )X)                                     |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent: |   | ecords, enter the name of the new        |
| New Registered Office Address:  |   |  |
| new neglected Office Address.   | Enter Fl                                | orida street address                     |
|   |   | , Florida                                |
| _   | City                                    | Zip Code                                 |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

| <u>Title</u>                    | Name                                       | Address  | Type of Action |  |  |
|---------------------------------|--|--|----------------|--|--|
| mgem                            | Priscial Gjeselman                         | Address 6941 Morse Oaks Dr Jacksonville 7 30044    | Add Remove     |  |  |
| MGR                             | Ines C Rammez                              | 6941 Morse Oaks Dr<br>Jackson VIII & FL 3004K      | Add Remove     |  |  |
| MGR                             | HORNAN X Benites                           | 6941 Morse Oaks Dr. Jackson Wille Fr. 32044        | Add Remove     |  |  |
| MGR.                            | Jessica C. Benites                         | 15315 SW93rd Temace Circle Man # 1 38193           | Add Remove     |  |  |
| MGRM                            | Jessica C. Banites                         | 153155WBrd Temace line<br>Apt. 2<br>Manu 71 33193  | Add<br>Remove  |  |  |
| merm                            | Harnan V. Benites                          | 6941 Morse Caks Dr. Jacksonulle 41 30044           | AddKemove      |  |  |
| D. If amer                      | nding any other information, enter change( | s) here: (Attach additional sheets, if necessary.) | see back       |  |  |
|                                 |  |  |                |  |  |
| -                               |  |  | -<br>-         |  |  |
| Dated                           | August 5,001                               | r authorized representative of a member            | <del>-</del>   |  |  |
| Typed or printed name of signee |  |  |                |  |  |

Page 2 of 2

Filing Fee: \$25.00

MGRM Ines C familes 6941 Morse MKs Dr. Jacksonville # 33244 Remove