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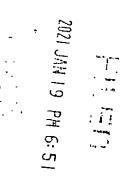
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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5. YOUNG

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
HB Teque	sta, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
99		No. 1 Co. City		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Conner Kempe			
		Name of Person		
	Joseph C. Kempe, P.A.			
		Firm/Company		
	941 N. Highway A1A			
		Address		
	Jupiter, FL 33477			
		City/State and Zip Code		
	connerkempe@jckempe.	com to be used for future annual report not		
ran a de la companya			mication)	
	oncerning this matter, please c			
Conner Kempe		561 7477300 at ()		
Name o	l'Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres	·s:	Street Address:		
Registration Section		Registration So	Registration Section	
Division of Corporations			Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314			Tallahassee oe Street, Suite 810	
rananassee.	14226217	2412 IV. ISTORIU	ac outco, some oro	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

		21
HB Tequesta, LLC		= = = = = = = = = = = = = = = = = = = =
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	9
The Articles of Organization for this Limited Liabilit	ty Company were filed on 9/21/10	and assigned
This amendment is submitted to amend the following		5
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registored and/or the new registered office address her		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida 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 605, 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr jt Investment enterprises, LLC	19481 SE County Line Road	□Add	
	Tequesta, FL 33469	■Remove	
			□Change
mgr jt investment enterprises, LLC	9120 Double Diamond Pkwy	≣ Add	
	Reno, NV 89521	□Remove	
			🗆 Change
AR	AR Joe Cieri	19481 SE County Line Road	∃ Add
	Tequesta, FL 33469		
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□Change

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F ffect	ive date, if other than the date of filing: (optional)
(If an eff	ive date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the
ord is fi	ed.
Dated	17 /8 2025
Daned	1210
	Signature of a member or authorized representative of a member
	14 Jest Thomas The second
	Typed or printed name of signee

. . . .

Filing Fee: \$25.00