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KSALY EXAMINER DEC 2 1 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: #3B INTER NATIONAL 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:		
MOHAMED BEADOURI Name of Person		
H&B INTERNATIONAL LCC Firm/Company		
Ro. Box 47332 Address		
TAMPA FL 33646 City/State and Zip Code E-mail address: (to be used for future annual report notification)		
ENTERNATIONAL HB(WYAHOO. COM		
For further information concerning this matter, please call:		
MoHA MED BECPORT at (813) 481-0754 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Cop		

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**

FILED	
11 DEC 20 AMIL	ľÉ
SECRETARY OF STA	TE.
TEOR	DA

H+B INTERNATION	JAL LLC TALLAHASSEE FLORIDA vas it now appears on our records.)
M+B INTERNATION (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 98/08/20(1 and assigned
Florida document number <u>L 11 0000 90.38 C</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
No Change	
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	No change
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	No Charge
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	No Change
New Registered Office Address:	ro Change
	No Change No Change Enter Florida street address No Change, Florida NO Change City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

(eriginal eght) Mo HAMED BOLLOW

If Changing Registered Agent, Signature of New Registered

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 **Title** Address Name **Type of Action** MOHAMMED HAMLILI POBOX 47832 Kemove ☐ Add ☐ Remove ☐ Remove Add Remove □Add ∏Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) TAX ID 45-2961622 MOHAMETED HAMLILI WAS NOLONGER a member of H&B since 08/06/2011 eou, osep. Dated_ Mohimed Blockson

Signature of a member or authorized representative of a member MOHAMED BEGOOKS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00