LIS DECUMESS

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	HBB INVE	STMENTS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAVIER HER	RNANDEZ	
	***	Name of Person	
	HBB INVEST	MENTS LLC	
		Firm/Company	
	10447 SW 1	08th AVENUE UNIT 179	
	····	Address	
	MIAMI,	FL 33176	
		City/State and Zip Code	
		FCPAFINANCIAL.COM	, r
		to be used for future annual report noti	ication)
For further information	concerning this matter, please of	all:	
JAVIER HERNA	NDEZ	786 328-0101	
Name	of Person		e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBB INVE	ESTMENTS LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/20/2015	and assigned
Florida document numberL15000011689	.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	
		,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ور م توسد
B. If amending the registered agent and/or registered agent and/or the new registered office ade		the name of the new
Name of New Registered Agent:		B 3
		C press. T
New Registered Office Address:	Enter Florida street address	
	ة 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 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 Changing Registered Agent, Signature of New Registered Agent

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 **Title** <u>Name</u> <u>Address</u> **Type of Action AMBR EDGAR M BELFORT** 10447 SW 108th AVENUE UNIT 179 □ Add MIAMI, FL 33176 ■ Remove _ Add ☐ Remove □ Add □ Remove □ Add ☐ Remove _□ Add ☐ Remove

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The effective	ate, if other than the date of filing:
Datad X	02-19-2015
Daleu-1	
メ	Signature of a member or authorized representative of a member
5	
ι	JAVIER HERNANDEZ

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Filing Fee: \$25.00

