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SECRETARY OF SAME OF OUTSION OF CORPORATIONS

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COVER LETTER

T	O: ,	Registration So Division of Co	ection rporations		
C1	JBJE	CT.	HLB Vent	tures, LLC	
31) bjr,	C1:	Name of Lin	nited Liability Company	
Tì	ie enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
PI	ease r	eturn all correspo	ondence concerning this matter	to the following:	
				Sonia Becerra	
				Name of Person	
				Swyft Filings, LLC	
			74	Firm/Company	
12605 East Freeway, Suite 540					0
				Address	
Houston, Texas 77015					
City/State and Zip Code					
filings@swyftfilings.com					
			E-mail address: (to be used for future annual report noti	fication)
Fo	e furth	ner information c	oncerning this matter, please ca	all:	
Sonia Becerra Name of Person		at (877) 777-04 Area Code Daytim	150 te Telephone Number		
					· · · · · · · · · · · · · · · · · · ·
En	closed	is a check for th	ne following amount:		
X	\$25.0	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**

HLB Ventures, LLC

signed
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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.

> Travis Crabtree, OBO LegalCorp Solutions, LLC

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Name <u>Address</u> **Type of Action** _□ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add _□ Remove _ Change _□ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change

□ Add

☐ Remove

_□ Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note	ctive date, if other than the date of filing:	to 605,0 be liste	0207 (3)(b d as the
If the ro (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the see 90th day after the record is filed.	earlie	r of:
Date	May 19 d		
	Signature of a meather or Suthorized refresentative of a member		
	Sonia Becerra Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00