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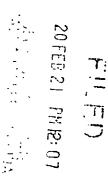
(Requestor's Nam	e)			
(Address)				
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(City/State/Zip/Pho	one #)			
PICK-UP WAIT	MAIL			
(Business Entity N	lame)			
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:				

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COVER LETTER

Division of Cor			
SUBJECT: EQUINE:	SALT SYSTEMS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		·	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason L Robbins		
	-	Name of Person	
		II. (0	
		Firm/Company	
	21 Eleuthera Drive	Address	
	Oasaa Distan El 22435		
	Ocean Ridge, FL 33435	City/State and Zip Code	
	jasonlrobbins@gmail.com	to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please c		
Jason Robbins		at (914) 329-2227	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	be 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 Addres Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUINE SALT SYSTEMS LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company 1.17000160741 Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
HAPBE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	• -
Enter new principal offices address, if applicable:		20 E
(Principal office address MUST BE A STREET ADDRESS)		
		: 2
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> 18 5</u>
		<u>;</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	42 43	
	Enter Florida stre	et address
		, Florida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
l hereby accept the appointment as registered agent and agr	ee to act in this capaci	ity. I further agree to comply with i

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 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 **Type of Action Address Title** <u>Name</u> __ 🗆 Add _____ □Change _____ □ Add □Remove _____ Change Remove ∴ Change Remove ⊃ □**G**hange \square Add □ Remove □ Change \square Add Remove

_____ Change

o, mai	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	07	
(Ifan <u>Not</u> e	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed iment's effective date on the Department of State's records.	:07 (3)(1 as the
record is		ne
Date	d February 17 , 2020 Juson Rollini	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00