

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L180001883423

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000188342 3)))



H180001883423ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.
Account Number : I20070000037
Phone : (954)532-3842
Fax Number : (954)532-3847

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

pauls@eagle-tax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HBL BUSINESS MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 27 AM 10:13

FILED

RECEIVED

2018 JUN 27 AM 10:17

Electronic Filing Menu

Corporate Filing Menu

Help

© SIMMONS
JUN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBL BUSINESS MANAGEMENT, 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:

LUIZ E CARVALHO ECHEBARRIA

Name of Person

EAGLE TAX REPRESENTATION CORP

Firm/Company

5493 WILES ROAD SUITE 105

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

PAULO@EAGLE-TAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO OLIVEIRA

954

532-3842

Name of Person

at (_____) _____
Area Code

Daytime 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

HBL BUSINESS MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/04/2018 and assigned Florida document number L18000085587

This amendment is submitted to amend the following:

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Helen Lucy Bicalho Echebarria	SQW 309 Bloco D apt 311	<input checked="" type="checkbox"/> Add
		Brasilia, DF 70687-120 BR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 JUN 27 AM 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
JUN 27 AM 10:13
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/28/2018 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 25th, 2018



Signature of a member or authorized representative of a member

LUIZ E ECHEBARRIA CARVALHO

Typed or printed name of signer

06/27/2018 10:15AM FAX
850-617-6381

6/27/2018 9:32:34 AM PAGE 1/001 Fax Server

0001/0006



June 27, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EBL BUSINESS MANAGEMENT, LLC
5610 NW 61ST ST
1121
COCONUT CREEK, FL 33073US

SUBJECT: EBL BUSINESS MANAGEMENT, LLC
REF: L18000085587

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Vertical lines going through application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H18000188342
Letter Number: 418A00013328

RECEIVED

2018 JUN 27 AM 10:17

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

P.O. BOX 6327 - Tallahassee, Florida 32314