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## **COVER LETTER**

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SUBJEC	T:	Name of Lin	nited Liability Company	- College State of the State of
				A. A.
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	,
		James Jerse		
		HBS Global LLC		
			<del></del>	
		2719 Woodhall Terrace		
		· · · · · · · · · · · · · · · · · · ·		
		Palm Harbor Florida 3468	5	
			City/State and Zip Code	<del> </del>
		sales@hbsgear.com		
			to be used for future annual report not	itication)
For further	r information c	concerning this matter, please c	all:	
James Jers	se		727 8048744 at ()	
Ü	Name o	r Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
≣ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>lailing Addres</u> Legistration (		Street Address: Registration Se	ction
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBS Global LLC

- 10 July 5 24 2 CV (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  $\frac{08/10/2018}{-}$ Florida document number 1.18000191897 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 "L.L.C." 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 City 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>	Address	Type of Action
VP	Tara Jerse	2719 Woodhall Terrace Palm Harbor Florida 34685	□Add
			■Remove
			□Change
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