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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
		
Special Instructions to	Filing Officer:	

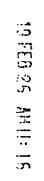
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COVER LETTER

TO: Registration Sc Division of Cor		•	
SUBJECT: <u>HP</u>	Name of Lim	ercial Lorins LL ned Enability Company	C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Stepin</u>	unie Cabanas Name of Person	
	Caso	Mas Law Frm Firm/Company)
	<u> 18503</u>	B Pines Blud#30 Address	01
	Pembr	OKE PINS, FL 33 City/State and Zip Code	3029
	E-mail address: (to be used for future annual report notif	ication)
	oncerning this matter, please ca		
Name o	<u>Vanil Caksaus</u>	15 at (<u>954</u>) <u>447 – 2</u> Area Code Daytime	2.5 80 Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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 radditional copy is enclosed)
	ING ADDRESS: ation Section	STREET/COURII Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

— H.B. USA.C	ommer	cial Loans H	LC	_	
(<u>Name of the Limited Li</u> (A { }	iaminy Compan Iorida Limited Lia	as it now appears on our records ability Company)	<u></u>	198	
The Articles of Organization for this Limited Liabili	ity Company v	rere filed on <u>1/28/26</u>	<u> 21억</u> and	assign eg	- 71
Florida document number <u>L 19000027</u> 5		·		3.4 S	- <u></u> -
This amendment is submitted to amend the followin	ığ:			AH 11: 16	市江田田
A. If amending name, enter the new name of the	limited liabil	ty company here:		于 5	
The new name must be distinguishable and contain the words	"Limited Liabilit	y Company," the designation "LLC"	or the abbreviation	ı"L.L.C."	-
Enter new principal offices address, if applicable	:	15963 Pines	s Blyd.		-
(Principal office address MUST BE A STREET AL	<u>DDRESS)</u>	Pembroke A'	nes, FL	330:	27
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	15963 Pines Pembroke Pi	Blvd nes,FL	330	27
B. If amending the registered agent and/or r registered agent and/or the new registered office Name of New Registered Agent:		ce address on our records.	. enter the nar	ne of the r	<u>1ew</u>
V 10.05 1.11	50.0	Piner Blad			
New Registered Office Address:	10765	Pines Blvd Enter Florida street address			-
_	Pemk	oroke Pines. Flo	orida <u>336</u> Zip Ce	<u> </u>	-
New Registered Agent's Signature, if changing Regis	tered 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
<u>CEO</u>	Humber to Ramivez	2595 NW 165 Terr	
		Miami Gardens, FL 330	Remove
			Change
MGR	Humberto Bamirez	15963 Pixs BIND	XAdd
		Pembroke Pines, FL 3302	27 □ Remove
			☐ Change
			
			☐ Remove
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Note:	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	2/22/2019 Signature of a member or authorized representative of a member
	Humber to RamireZ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00