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Division of Corporations

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: (850)617-6383

From:

Account Name : FANDUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

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

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T. LEMEUX

Fax: 18775036086

To:

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Page: 2 of 4

10/21/2019 12:12 PM

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

HBL SOLUTIONS LLC

MUNCT 21 P 集40

(Name of the Limited	Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
——————————————————————————————————————	Florida Limited Liability Company)	
	03/18/2019	TAREAHASSET, FLURIA, A
The Articles of Organization for this Limited Liab	oility Company were filed on	and assigned
florida document number L19000074640	·•	
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		and the second of the second
B. If amending the registered agent and/o	r registered office address on our re	cords, enter the name of the
registered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:		
Now Decisional Ciffing Address		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	Zin 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

Fax: 18775036086

Ta:

Fax: (850) 617-6383

Page: 3 of 4

10/21/2019 12:12 PM

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>	Type of Action
MOR	YULIS E BANQUET JIMENEZ	6790 NW 186TH STREET APT 323	 Add
		HIALEAH, FL 33015	
			□ Remove
			☐ Change
			Remove
			☐ Clunge
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

om: Robert Fanjul). If amending any	other information, ente	r change(s) here	Fax: (850) 617-6383 : (Attach additional sh	Page: 4 of 4 neets, if necessary.)	10/21/2019 12:12 PM
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	, if other than the date of e is listed, the date must be spec- ate inserted in this block doe fective date on the Departme			(optional) than 90 days after filing.) P quirements, this date wi	ursuant to 605,0207 (3)(t Il not be fisted as the
If the record sp (b) The 90th o	ecifies a delayed effec day after the record is	tive date, but i filed.	not an effective tim	e, at 12:01 a.m. or	n the earlier of:
Dated OCTOP	1 2 2 2	2019- Lite of a member or a	UCT 1. uthorized representative of	а тетьет	
	NA M DIAZ PINEDA				

Page 3 of 3

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