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(Requestor's Name)	
(Address)	50035
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/21/20
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Cor	אינו מנוטנוז		
SUBJECT:ST	TARTS WITH	HB C LLC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David	Rickman Name of Person	
		Name of Person	
	STARTS L	UITH ABC Firm/Company	
	10.516 NW S	76 th PRIVE	
	CORAL SPRIN	65 FL 33676	
	_	City/State and Zip Code	
	Contact B St E-mail address: (City/State and Zip Code GA W. H. abc. com to be used for future annual report notif	lication)
For further information co	oncerning this matter, please ca	all:	
DAVID RICH	CHAN	at 1954) 684 -	8082
Name of	Person	at (454) 684 - Area Code Daytime	Caracter Telephone Number
Enclosed is a check for th	ne following amount:		
IZ \$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 S		Street Address: Registration Sec	etion

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starts WITH (Name of the Limited Liab (A Flor	HBC pility Compa ida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>Ligocos 86.60</u>	Company		and assigned
This amendment is submitted to amend the following:			7
A. If amending name, enter the new name of the li	mited liab	ility company here:	9: 21
The new name must be distinguishable and contain the words "L	imited Liabi		
Enter new principal offices address, if applicable:		1368 NW 103 rd CORAL SPRINGS FL	Lane y
(Principal office address MUST BE A STREET ADI	DRESS)	CORAL SPRINGS FL	_ 3307/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1368 NW 103 rd L CORAL SPRINGS FL	-ane 33071
B. If amending the registered agent and/or register agent and/or the new registered office address here		address on our records, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address: 13	68 N	W 163 CCL LAN€ Enter Florida street address	
<u></u>	IZAL.	S PC INUS , Florida	3307 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 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>	Name	Address	Type of Action
CEO	David Rickman	1368 NW 103 PL LANE CORAL STRINGS FL 33071	ØAdd
		10516 NW 56th 07506 COZHL 5725NGS FL 33076	⊠Remove
		1368 NW 103 FE LANE CORAL SPRENCE FL 33071	DChange
			□Add
			□Remove
			□Change
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If an cf <u>Note:</u>	ive date, if other than the date of filing:
e recor	rd 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 led.
Dated	DECEMBER 11th, 2020. Datalo 12 12 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	DAVID RICKINAN Typed or printed name of signee