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COVER LETTER

TO: Registration Se Division of Cor			
HBN Title,	LLC	•	A
SUBJECT:	Name of Lim		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Gail Douglas		
		Name of Person	-
	Celebration Holdings, LLC		
		Firm/Company	·
	70° FEB		
		Address	- <u>- </u>
	Orlando, Fl 32819		<u>.</u> ص
	gail@celebrationtitlegroup,	City/State and Zip Code com	- '' ' '' '' '' '' '' '' '' '' '' '' ''
	E-mail address: (to be used for future annual report notification)	1:1
For further information of	concerning this matter, please c	all:	
Lorena Ramos		407 801-9776 at ()	
Name e	of Person	Area Code Daytime Telephone Number	r
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Mailing Address Registration Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 633	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBN Title, LLC			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
he Articles of Organization for this Limited Liability Company were filed on 04/22/2019 lorida document number 1.19000102173			and assigned
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited li	ability company here:	
new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
incipal office address MUST BE A STRE	ET ADDRESS)		***
		· · · · · · · · · · · · · · · · · · ·	23.
ter new mailing address, if applicable:		6052 Turkey Lake Rd	TO TO
Mailing address MAY BE A POST OFFICE BOX)		Suite 204	*****
		Orlando, FL 32819	
			21: 10
If amending the registered agent and/or		ce address on our records, <u>ent</u>	er the name of the new register
ent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Amanda Do	uglas	
New Registered Office Address:	6052 Turkey	Lake Rd Suite 204	
		Enter Florida street ada	ress
	Orlando		Florida 32819
		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>	Address	Type of Action
MGR	Celebration Holdings, LLC	6052 Turkey Lake Rd Suite 204	= Add
		Orlando, FL 32819	□Remove
			□Change
MGR	Amanda Douglas	211 E Colonial Dr	□Add
		Orlando, FL 32801	
			□ Change
			☐Add
			☐ Change
			Add Add
			□Remove
			Change
			□Add
			Remove
			□Change
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			□Remove
			□Change

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reffective date is li	ther than the da	specific and car	nnot be prior to	date of filing or	more than 90 d	ays after filin	g.) Pursuant to 605	5.0207
te: If the date in cument's effectiv	serted in this block e date on the Depa	rtnient of Stat	t the applicable's records.	ie statutory tii	ing requireme	nts, this dat	e will not be list	ed as
	1.1.1.00 1		00	13.01		<i>c</i> . 1		
ecoru specifies a i	delayed effective d	ate, but not an	effective time	e, at 12101 a.m	i. On the earlie	r of: (b) - (ne 90th day afte	r the
is filed.	1	23	202	3				
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Filing Fee: \$25.00