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(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ac	ldress)	
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SECRETARY OF STATE

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AUG 0 9 2019 T. LEMIEUX

COVER LETTER

Division of Co	rporations		
HBG PRO. SUBJECT:	JECTS LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA E HUERTA		
		Name of Person	
	100 CIV / TH OT A DT // 2	Firm/Company	
	100 SW 6 TH ST APT. # 2		
	HOMESTEAD FL 33030	Address	
	MORTIZ145@YAHOO.CC		1.00.
		to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
MARIA E HUERTA		239 645-6436 at ()	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
\$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBG PROJECTS LLC

company has been notified in writing of this change.

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 HJG -5 P 3 12 The Articles of Organization for this Limited Liability Company were filed on CONTRACT OF STANTASSIGNED TAIL AHASSEE, FLORIUA Florida document number L19000168514 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." 955 NW 3 AVE STE 10 Enter new principal offices address, if applicable: FLORIDA CITY FL 33034 (Principal office address MUST BE A STREET ADDRESS) 955 NW 3 AVE STE 10 Enter new mailing address, if applicable: FLORIDA CITY FL 33034 (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 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

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Department.	be specific and cannot be k does not meet the a	applicable statutor	ng or more than 90 day	(optional) s after filing.) Pursuant to ts, this date will not be	605.0207 (listed as t
ne record specifies a delayed of The 90th day after the recor	effective date, burd is filed.	ut not an effec	tive time, at 12	:01 a.m. on the ea	ırlier of:
08/01/ Dated	2019				
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Page 3 of 3

Filing Fee: \$25.00