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JUN 01 2020 S. YOUNG

COVER LETTER

TO:

TO: Registration Se Division of Cor			·
HBD LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ESLI CAMILO LOPEZ		
		Name of Person	
	KABA CONSULTING IN	FC .	
		Firm/Company	
	1655 EAST HWY 50 STE	#203	
		Address	<u>.</u>
	CLERMONT.FL 34711		
	-	City/State and Zip Code	
	PAYROLL@KABACONS		
		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
ESLI CAMILO LOPEZ		352 432-0778 at ()	
Name o	d Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	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 Addres Registration 9		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBD LLC		. a
(Name of the Limited Lial (A Flor	bility Company as it now appears on our : rida Limited Liability Company)	records.) > = = =
The Articles of Organization for this Limited Liability	y Company were filed on $\frac{02/21/2020}{1}$	an bassigned
Florida document number L20000058925	·	一种
This amendment is submitted to amend the following:	<u>.</u>	8. 0
A. If amending name, enter the new name of the li	imited liability company here:	·
HEANBI, LLC		
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESSY	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		enter the name of the new register
agent and/or the new registered office address here	<u>r</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	DOMINGO BERMUDEZ	11745 OSWALT RD	□Add
		CLERMONT, FL 34711	■Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
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