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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

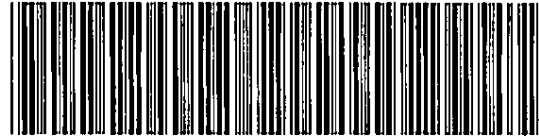
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2020 NOV 16 PM 2:17
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NOV 17 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEANBI LLC

2020 OCT 1 11:08:15

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALYSSA SUAREZ-PELAEZ

Name of Person

KABA CONSULTING INC

Firm/Company

1655 E HWY 50 STE 203

Address

CLERMONT FL 34711

City/State and Zip Code

ALYSSA@KABACONSULTING.COM

E-mail address: (to be used for future annual report notification)

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2020 NOV 16 PM 2:17
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA
CLERK OF COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALYSSA SUAREZ-PELAEZ

352

432-8855

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

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

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OCT 01 2020

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HEANBI LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/21/2020 and assigned
Florida document number 1.20000058925.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HENRY COLLADO	10845 LOG HOUSE RD	<input type="checkbox"/> Add
		CLERMONT FL 34711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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1. What is the main purpose of the study?

2. What are the research objectives?

3. What is the research methodology?

4. What are the results of the study?

5. What are the conclusions of the study?

6. What are the limitations of the study?

7. What are the implications of the study?

8. What are the future research directions?

9. What are the strengths of the study?

10. What are the weaknesses of the study?

11. What are the contributions of the study?

12. What are the practical applications of the study?

13. What are the theoretical contributions of the study?

14. What are the policy implications of the study?

15. What are the ethical considerations of the study?

16. What are the funding sources of the study?

17. What are the acknowledgments of the study?

18. What are the references of the study?

19. What are the appendices of the study?

20. What are the footnotes of the study?

21. What are the glossary of the study?

22. What are the abbreviations of the study?

23. What are the symbols of the study?

24. What are the units of the study?

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 09/25/2020

Bienvenido Collado

Signature of a member or authorized representative of a member

BIENVENIDO COLLADO

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2020

ALYSSA SUAREZ-PELAEZ
KABA CONSULTING INC
1655 E HWY 50 STE 203
CLERMONT, FL 34711

SUBJECT: HEANBI, LLC
Ref. Number: L20000058925

We have received your document for HEANBI, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 120A00022275

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