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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

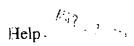
Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	 	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEBEDA INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hebeda Investments, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	npany were filed on 02/26/2021	and assigned
Florida document number L21000086120		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me of the new register
		; <u>;</u>
Name of New Registered Agent:		2.0 '
- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Floridu street address	14.1 5.
	Enter Florika spret daaress	မ
		<u> </u>
<del></del>	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.

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LAZARUS CORPORATE PAGE 03/04

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

Title	Name.	Address	Type of Action
MGR	Melany Deaza	17005 SW 93rd St Apt 4-202 Miami FL 33196	<b>=</b> Aidd
		Change Address for Individual.	
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ffective date, if other the effective date is listed, the lote: If the date inserted in ocument's effective date of				(optic fore than 90 days after g requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a
record specifies a delayed is filed.	effective date, but n	iot an effective t	ime, at 12:01 a.m.	оп the earlier of: (b)	The 90th day after the
ated		;	 		
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Filing Fee: \$25.00