122000141379

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enary Harrie)
(Document Number)
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J. HORNE
APR 2 3 2022

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SECRETARY OF SIA

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: HB	R GROUP	LLC	
	Name of Lim	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:	
	HEATHER		
	HBR GR	Eim/Congany	WHERE GROUP STALLC'
	5 L16HT	THUSE AVE	
	ST AUG	City/State and Zip Code	32080
	HEATHE	RM@SURFNS to be used for future annual report notifi	k. con
For further information of	oncerning this matter, please c	all:	
HEATHER Name of	MCMANDON If Person	at (407) 404 - Area Code Daytim	- 4532 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 Registration	Section	<u>Street Address:</u> Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee.			e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 MARCH 22, 2022 and assigned lorida document number L22000141879
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
HBR GROVE STALLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter 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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
New Registered Office Address: Enter Florida street address Florida
New Registered Office Address:

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·	
			□Remove
		 	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			
			□Remove
			□ Change

		
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an effect lote: If	date, if other than the date of filing: 3 22 2022 (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
l is filed		
l is filed	April (a 2027) Health Nuthride Signature of a member or authorized representative of a member HEATITER MEMANDON Typed or printed name of signers	

Filing Fee: \$25.00