22000282056

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

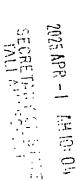
Office Use Only



500447535515

04/01/25--01009--008 **25.00

BBS-17-25



COVER LETTER

ction porations		
/içes, llc		
Name of Lim	nited Liability Company	
Amendment and fee(s) are sub	omitted for tiling.	
ndence concerning this matter	to the following:	
WANSE SHITTO		
	Name of Person	-
HMB SERVICES, LLC		
	Firm Company	
1569 WEST 21ST STREE	er e	207 SE
	Address	2025 APR SECRET
RIVIERA BEACH, FL 33	404	
-		
		fication)
	561 707-1287	
Person		e Telephone Number
e following amount:		
■ \$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)
	<u>Street Address:</u> Registration Se	ction
orporations	Division of Cor	porations
	Name of Lin Amendment and fee(s) are sub- indence concerning this matter WANSE SHITTO HMB SERVICES, LLC 1569 WEST 21ST STREE RIVIERA BEACH, FL 33 WANSE SHITTO@GMAI E-mail address: 6 oncerning this matter, please of Person fe following amount: \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: WANSE SHITTO Name of Person HMB SERVICES, LLC Firm Company 1569 WEST 21ST STREET Address RIVIERA BEACH, FL 33404 City/State and Zip Code WANSE.SHITTO@GMAHL.COM E-mail address: (to be used for future annual report notice oncerning this matter, please call: Area Code TPerson TPerson Terms Company 1569 WEST 21ST STREET Address RIVIERA BEACH, FL 33404 City/State and Zip Code WANSE.SHITTO@GMAHL.COM E-mail address: (to be used for future annual report notice oncerning this matter, please call: Terms Company Section Registration Section The Centre of Terms Company Street Address: Registration Section The Centre of Terms Company The Centre of Te

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMB SERVICES, LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on JUNE 21, 2022	and assigned
Florida document number L22000282056	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
CHERLIES KITCHENETTE, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TO TO
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		三年 1
Enter new mailing address, if applicable:		5
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered	office address on our records, <u>enter th</u> e	e name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			= Change

	<u> </u>						
					_		
							
						-	
		 					
	 ·	-		•			
							
							
Effective date, if of an effective date is hinder. If the date in document's effective	sted, the date must serted in this blo	be specific and o ck does not me	cannot be prior to eet the applicab		nore than 90 days a		
record specifies a of dis filed.	lelayed effective	date, but not a	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
MARCH 26			2025	_ •			
	<u> </u>	USCAN Signature of a m	ember or authori	zed representativ	e of a member		
	`						
	SHITTO						

Filing Fee: \$25.00