L 22000 30531

| - | (Requestor's Name) | |
|-------------------------|--------------------------|-------------|
| | | |
| | | |
| | (Address) | |
| | | |
| | (Address) | |
| | | |
| | | |
| | (City/State/Zip/Phone #) | |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| | | |
| | (Business Entity Name) | |
| | (======, | |
| | | |
| | (Document Number) | |
| | | |
| | | |
| Certified Copies | Certificates of Si | tatus |
| | | |
| <u> </u> | | |
| Special Instructions to | o Filing Officer: | |
| | | |
| | J. HORNE OCT - 3 2022 | |
| | OUT | |
| | 061 - 3 2022 | |
| | -022 | |
| | | |
| | | - |
| | | 15 |
| | | |





800395228518

2022 SEP 30 PH 3: 26

٠,

| 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 | |
|--|---|
| (850) 524-6243 | i e e e e e e e e e e e e e e e e e e e |
| ۶ | ě · |
| Please use funds from account: 1202100001 Authorization Signature Herbert Capital Holdings LLC L22000 | tell- |
| Business Name | Document # |
| Walk in | Pick up time |
| Mail out | Will wait |
| Photocopy | |
| Certified Copy (s)of Articles of Orga | anization |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit Not for Profit Limited Liability Domestication Other CORP | |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual ReportFictitious NameARTICLES OF CORRECTION | Foreign filingLimited Partnership Reinstatement |
| APOSTIL) | Other |
| | |

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

| Please use funds from account: 12021 Authorization Signature | |
|--|--|
| Authorization Signature Herbert Capital Holdings LLC L | 22000305317 |
| Business Name | Document # |
| Walk in | Pick up time |
| Mail out | Will wait |
| Photocopy | |
| Certified Copy (s)of Articles o | f Organization |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| Profit Not for Profit Limited Liability Domestication Other CORP | XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionArticles of ConversionResignation |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual ReportFictitious NameARTICLES OF CORRECTION | Foreign filingLimited Partnership Reinstatement |
| APOSTIL)Country | Other |

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Hebert Capital Holdings LLC 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: |
| Zuchary A. Karber, Esq. (Registered Agent) |
| Karber, P.A Con behalf of Hebert Capital Holdings LLC, |
| 1404 S. Moody Ave, Suite C |
| Tampa, Florida 33629 City/State and Zip Code Zachary & Karber PA - Com E/mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Zachary A. Karber, Esq. Chegistered Agenta 1 813, 557-2266 Name of Person Number Area Code Dayline Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

| HI + Coit | 1 1/2/1/ | 2022 SEP 30 AH 8: 31 |
|--|--|--|
| (Name of the Limited | Liability Compa Florida Limited I | ny as it now appears on our records. HASSEL |
| The Articles of Organization for this Limited Liab | oility Company | were filed on July 8, ZDZZ and assigned |
| Florida document number <u>L22000305</u> 3 | <u>311_</u> . | |
| This amendment is submitted to amend the follow | /ing: | |
| A. If amending name, enter the new name of t | he limited liab | ility company here: |
| Hebert Khatib Hul The new name must be distinguishable and contain the wor | ds "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | | n/a |
| (Principal office address MUST BE A STREET | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | <u>n/a</u> |
| (Mailing address MAY BE A POST OFFICE B | OX) | |
| | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | gistered office : _here: | address on our records, <u>enter the name of the new registerec</u> |
| Name of New Registered Agent: | nja | Enter Florida street address |
| New Registered Office Address: | 11a | |
| New Registered Office Address. | | Enter Florida street address |
| | | , Florida |
| | | City Zip Code |
| New Registered Agent's Signature, if changing Re | | |
| provisions of all statutes relative to the proper | r and complete tered agent as egistered office | ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is e address, I hereby confirm that the limited liability |
| | <u>y</u> If Chi | anging 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> | Name | Address | Type of Action |
|--------------|--------------|---------------------|----------------|
| <u>AMBR</u> | JALAL KHATIB | 10910 PARK DRIVE | XAdd |
| | | RIVERVIEW, FL 33569 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| | N/A |
|--------------------------|---|
| | |
| | |
| _ | |
| <u> </u> | |
| | |
| | |
| | |
| _ | |
| | |
| _ | |
| | |
| | |
| | |
| | |
| _ | |
| _ | |
| | |
| | |
| - | |
| _ | |
| Note: | e date, if other than the date of filing: September 30, 2022 (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| ne record ord is file | 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 d. |
| Dated _ | September 30, 2022 Sphature of a member or authorized representative of a member |
| | ZACHARY A. KARRER, ESQ. (REGISTERED AGENT) Typed or printed name of signee |

Filing Fee: \$25.00