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2022 OCT -3 AM 9: 30 SECRETARY OF STATE

TO: Registration Section Division of Corporations
SUBJECT: HT Billide's 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:
Marco A. Resendiz Name of Person
HT Builders Firm/Company
36000 Drawdy Rd Address
Plant City, Fl 33567 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MON () Resenct at (213) 242-4402 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

ARTICLES MENDMENT

ARTICLES OF ORGANIZATION OF

Florida c' ument number 1 22000394370 This are nent is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new aame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 any adding the registered agent and/or registered office address on our records, enter the name of the new registered agent are in the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		HT Builders LL (
Florida c ument number 1. 32000394370 This are ment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new same must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 am adding the registered agent and/or registered office address on our records, enter the name of the new registered agent are in the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Florida c ument number 1. 32000394370 This ar nent 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 "LLC." 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 any adding the registered agent and/or registered office address on our records, enter the name of the new registered agent are or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		The Articles of Organization for this Limited Liability Company were filed on 1919/2022 and assigned
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City Zip Code New Registered Agent's Signature, if changing Registered Agent:	*	
City Zip Code New Registered Agent's Signature, if changing Registered Agent:		Florida
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		New Registered Agent's Signature, if changing Registered Agent:
		I hereby ecept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th
provision 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	. 2	provision of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

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 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



□Cha

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marco A. Resendiz	36010 Drawyrd Planting F13	35678/Add
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Filing Fee: \$25.00