## L22000505187

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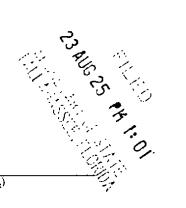
Division of Corporations

TO: 1

FIELD TEAM LLC SUBJECT: 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: AMIR WASIULLAH Name of Person ARW MANAGEMENT LLC Firm/Company 6501 CONGRESS AVE, UNIT 140 Address BOCA RATON, FL 33487 City/State and Zip Code AMIR@CORPORATESERVICESLLC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 414 ) 254-2414
Area Code Daytime Telephone Number SANJAY AZAD, CPA Name of Person Enclosed is a check for the following amount: XI \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## FIELD TEAM LLC

(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 Liabilit	ty Company w	ere filed on	Novemb	per 30, 2022	2 and assigned
Florida document number <u>L22000505187</u>	·				
This amendment is submitted to amend the following	ā.				
A. If amending name, enter the new name of the	<u>limited liabili</u>	ty company	here:		
HBIC INSUR	ANCE LLC				
The new name must be distinguishable and contain the words	Limited Liability	Company," th	e designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		_SAME A	S BEFOR	RE	
(Principal office address MUST BE A STREET AL	ODRESS)			_	
		0.445.4	0.05501	<b></b>	
Enter new mailing address, if applicable:		SAME A	AS BEFOR	<u>KE</u>	
(Mailing address MAY BE A POST OFFICE BOX	2				
B. If amending the registered agent and/or registe	ered office ad	dress on ou	r records, e	nter the nam	e of the <u>new registered</u>
agent and/or the new registered office address her	<u>re</u> :		_		
		0.05500			
Name of New Registered Agent:	SAME AS BEFORE				
New Registered Office Address:					
		Enter Florida street address			
	, Florida				
Now Danietaned Agant's Clareture if shoreing Danies	tound trout.	City			zip Coae
New Registered Agent's Signature, if changing Regist					
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete po d agent as pro tered office a	erformance ovided for it	of my dutie n Chapter (	es, and I am f 605, F.S. Or,	familiar with and if this document is
	If Changi	ng Registered	Agent, Signa	ture of New Reg	gistered 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
	SAME AS BEFORE	-	□Add
			□Change
	<del></del>		\ \ \ \ \_Add
			□ Remove
		*	□ Change
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			□Change
			□Add
			□ Remove
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			□ Add
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			Change
			□Add
			□ Remove
			□ Change

<del></del>	
(If an effective 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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3)(bed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.	r the
DatedAUGUST 21, 2023	
Signature of a member or authorized representative of a member	
AMIR WASIULLAH Typed or printed name of signee	

Filing Fee: \$25.00