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February 1, 2023

Department of State Division of Corporations The Center of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **HBS** Consultants, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours.

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Camryn Taylor Legal Assistant

Enclosure

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## DocuSign Envelope ID BE2AB9F4-4CFD-4BFE-AC02-CFD11E59A8FD COVER LETTER

<del>-</del>			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub.	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Camryn Taylor		
	Name of Person  KKOS Lawyers  Firm/Company  1883 West Royal Hunte Drive, Suite 200  Address  Cedar City, Utah 84720  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  ryn Taylor  Area Code  Name of Person  Name of Person  Name of Person  Seed is a check for the following amount:  Certificate of Status  Certificate of Status  Certificate Copy  (Certificate Copy  (Certificate Copy  (Certificate Copy  (Certificate Copy  (Certificate Copy  (Certificate Copy)  (Certificate Copy  (Certificate Copy)  (Certificate Copy)		
	KKOS Lawyers		
		Firm/Company	
	1883 West Royal Hunte D	rive, Suite 200	
		Address	·
	Cedar City, Utah 84720		
		Name of Limited Liability Company  ent and feets) are submitted for filing.  oncerning this matter to the following:  ryn Taylor  Name of Person  S Lawyers  Firm/Company  West Royal Hunte Drive, Suite 200  Address  r City, Utah 84720  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  g this matter, please call:  at (  Area Code   Daytime Telephone Number    ing amount:  0.00 Filing Fee & St. 586,00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
	E-mail address; (t	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
Camryn Taylor		435 586,9366	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

123 FEB -9 AM 9: 43

## DocuSign Envelope ID: BE2AB9F4-4CFD-4BFE-AC02-CFD11E59A8FD ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBS Consultants, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited I iability Company)	
The Articles of Organization for this Limited Liability Com Florida document number 1.23000023257	pany were filed on January 11, 2023	and assigned
This amendment 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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		23 FEB -9 AH 9:
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	l-s
	Cu)	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

DocuSign Envelope ID. BE2AB9F4-4CFD-4BFE-AC02-CFD11E59A8FD in amending Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
MGR	HBS Construction Company, LLC	368 Ashbury Way, Naples, Florida 34110	<b>=</b> Add
			Remove
			□Change
MGR	HBS Construction, LLC	368 Ashbury Way, Naples, Florida 34110	□Add
			Remove
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			Remove
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If ame	ending any other info	rmation, enter	r change(s) her	e: (Attach addi	itional sheets, if nece	ssery.)		
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(If an eff	ive date, if other than ective date is listed, the date If the date inserted in the ent's effective date on the	e must be specific its block does no	and cannot be prior of meet the applic	r to date of filing or cable statutory fil	more than 90 days after.	filing.) Pursi	unt to 60 101 be li:	15.0207 (3) sted as the
he recor	d specifies a delayed effe led.	ective date, but i	not an effective t	time, at 12:01 a.n	n, on the earlier of: (b)	The 90tl מא		er the
	January 30		2023			EGRE.	2023 FEB	H
,	Poly of Carely			-		5	9	
	Pobert Spreke	Signature of	d'a member or auth	prized representati	ive of a member	SEF,	14 9: 44	
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Filing Fee: \$25.00