

ote: Please print this page (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** ::Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HUMAN BUSINESS VALUES HBV LLC**

Certificate of Status	0
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Page Count	04
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T. LEMIEUX APR: 2 6 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUMAN BUSINESS VALUES HBV 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 Liability Company	were filed on $02/01/2023$	and assigned
Florida document number <u>L23000060075</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N ST	E 300
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg FL	33702
	7001 4th Ct NI CTE	200
Enter new mailing address, if applicable:	7901 4th St N STE	22702
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg FL:	<u> </u>
		7
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the n</u>	ame of the new registered
agent and/or the new registered office address here:		
		-
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street uddress	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and La provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
If Char	nging 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>	<u>Address</u>	Type of Action
AMBR	WITT, CHRISTOPH	7901 4TH ST N STE 300	LAdd
		ST. PETERSBURG, FL 3370	2 !XIRemove
		·	Change
<u>AMB</u> R	Ferreira cos Santos, Tellem Fabio	7901 4TH ST N STE 300	 X'Add
		ST. PETERSBURG, FL 3370	2_ □Remove
			T.Change
			□Remove
			,Change
			DRemove
			DChange
			IAdd
			∏Remove
			DChange
			ZAdd
			TRemove
			Change

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Signature of a member of authorized representative of a member		
	Dated <u>/</u>	April 25 2023
Nat Smith		Signature of a member or authorized representative of a member
		Nat Smith

Filing Fee: \$25.00