To 18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page | e. |
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| Doing so will generate another cover sheet. | |

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for furture 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 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Help

2/23/2024 11:13:38 PST. To 18506176383 Page: 2/4 From Registered Agents Inc Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ESS VALUES HBV LLC | |
|--|---|-------------------------|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | ompany 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 limit | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lun | ited Liability Company." the designation "LLC" or the | threviand "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | 23 |
| | | P TI |
| | | - |
| Enter new mailing address, if applicable: | | 25 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | I office address on our records, enter the nar | ne of the new registers |
| agent and/or the new registered office address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | |
| | Cin | 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 forther 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.

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To 18506176383

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From Registered Agents Inc.

Fax: 8134365206

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> | Address | Type of Action |
|--------------|----------------------------------|--------------------------|----------------|
| AMBR | Tellem Fabio Ferreira dos Santos | 7901 4TH ST N STE 300 | □Add |
| | | ST. PETERSBURG, FL 33702 | XRemove |
| | | | □Change |
| MGR | Rondinele Ferreira do Nascimento | 7901 4TH ST N STE 300 | X Add |
| | | ST. PETERSBURG, FL 33702 | □Remove |
| | | | □Change |
| | | | □Add |
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| | | | CiChange |

| 2/23/2024 11:13:38 PST | To 18506176383 | Page: 4/4 | From Registered Agents Inc | Fax: 8134365206 |
|---------------------------|----------------|-----------|----------------------------|--------------------|
| 212312024 11.13.36 F.31 | 10 10000170003 | r ugo | Trom Registered Agents inc | . 44. 010 -0002.00 |

|). If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective | date, if other than the date of filing: |
| Note: If (| we 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 608,0207 (3)(he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records. |
| e record sprd is filed. | occities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—The 90th day after the |
| Dated | February 23 |
| | Signature of a member or authorized representative of a member |
| | Nat Smith |
| | Typed or printed name of signee |