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ALLAHASSEE, FINDER

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	HibaU Name of Lim	h, and LIC ited Liability Company	
The en	oclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Sangie	Same of Person	
		Hibac	high LL C	
		1900 h	NE Miami CT Address	
		Miam	FL 33132 City/State and Zip Code	
			no G Gemail. Com to be used for future annual report not	
For fur	ther information cor	ncerning this matter, please ca		,
Sai	miel 5 () Name of 1	Oui Sand Person	at ( <u>365)</u> <u>896</u> Area Code Daytin	- 683Z ne Telephone Number
Enclos	ed is a check for the	following amount:		
<b>E</b> \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Co P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ARTICLES OF

llibac	higho lle
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 23006 (08049</u>	Company were filed on $\frac{\sqrt{27/2023}}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The name grows and by Eurice 1st, but he had a second seco	<del></del>
The new traine must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1900 NE Migm Ct
(Principal office address MUST BE A STREET ADDR	<del>-</del>
Enter new mailing address, if applicable:	
(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:	l office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Uaima Morales U. Morales	3881 E 8 AVE Hinful, Florida, 33013	□Add
			DKemove □Change
AR	John H. Adams V	6831 NW 4th AUE	□Add
		Miam; FC, 33150	Kemove
			□Change
			□Add □Remove
			□Change
			□Add
			Remove
			□Change □Add
			□Remove
			□Change
			□Add □Remove

, ,	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<del></del>	
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(If an effective Note: 11	e date, if other than the date of filing:
he record ord is filed	specities 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 _	June 26. 2023
	Signature of a member or authorized representative of a member
	Sand