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.

(((H23000322062 3)))



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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : KTORRES SERVICES CORP

Account Number : 120230000111 Phone : (954)380-0755

Fax Number : (954)858-5117

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Henderson 8212@gmail. win

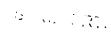
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HBS UTILITY LLC

Certificate of Status	0
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COVER LETTER

TO:	Registration Sec Division of Corp		•	,
6110-1124	HBS UTILE			
SUBJEC	(.1:		ited Liability Company	
The encl	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn ali correspoi	ndence concerning this matter	to the following:	
		KAROLINA TORRES		
			Name of Person	
		KTORRES SERVICES CO	ORP	
			Firm/Company	
		201 SE 15TH TER, SUITE	E 211	
		Address		
		DEERFIELD BEACH, FL	33441	
		KTORRES@KTORRESSE	City/State and Zip Code RVICES.COM	
		E-mail address; (to be used for future annual report not	tification)
For furth	her information co	oncerning this matter, please c	all:	
KAROL	JINA TORRES		954 380-0755	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclose	d is a check for th	e following amount.		
≣ \$25	.06 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co	ection	Street Address: Registration Se Division of Co	
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on $\frac{03/1}{}$	5/2023	_ and assigned
Florida document number L23000132943	,			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	hty Company," the des	signation "LLC" or the abbre	viation, "L.L.C."
Enter new principal offices address, if application	able:	3441 W HILLSBORO BLVD, APT L2		.025 5
(Principal office address MUST BE A STREE		COCONUT CRE	EK, FL 33073	
				; o
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3441 W HILLSB	ORO BLVD, APT L210	
		COCONUT CREEK, FL 33073		ري. ب
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our re	cords, <u>enter the name c</u>	f the new regi
Name of New Registered Agent:	HENDERSON SILVA			<u> </u>
New Registered Office Address:	3441 W HILLSBOROBLVD APT L210		L210	
		Enter Florie	da street adáress	
	COCONUT CF		, Florida ³³⁰⁷³	!
		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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	BRUCE K SILVA	3203 OLIVIA BREEZE DR	
		KISSIMMEE, FL 34746	■Remove
			□Change
			□ Add
			□ Remove
			□ Change
		,	🗆 Add
			Remove
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			Remove
			□Change

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Note: If the	ate, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	does not meet the app	plicable statutory filir	(option) note than 90 days after filling requirements, this d	nl) ing) Pursuant to 605.0207 ate will not be listed as
record spec d is tiled.	cifics a delayed effective da	ite, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	09./3-202	12	 ·		
		1)		

Filing Fee: \$25.00

Typed or printed name of signer