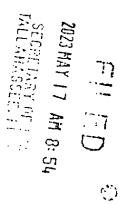
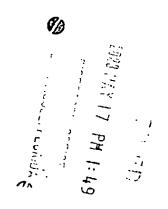
# 

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
MA	V 18 2023









## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/17/2023	_		******	<b>.</b>
			**WALK	W.
ENTITY NAME HB AG	Services, LLC			
DOCUMENT NUMBER_				
	**PLEASE FILE THE	ATTACHED AND RETURN**		
xxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
**	PLEASE OBTAIN THE FOL Certified Copy of Arts & Certificate of Good Stand			
<u>.                                      </u>	**APOSTILLE' / NO	TARIAL CERTIFICATION**	<del>-</del>	
COUNTRY OF DESTINAT	TION		_	
NUMBER OF CERTIFICA	TES REQUESTED		-	
TOTAL OWED \$25		ACCOUNT #: I20160000072		
		5 8 FM		
Place call Time at a	ha akana mumban ban a	y issues or concerns. Thank you so m		

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HB AG SCYNICES (UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Homey Pergyro  Name of Person
HB AG STYVICE ILC Firm/Company
4648 HWY 441 NOYTH
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at CG3 ECI - CE48  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Courts  Registration Section

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

.

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



- HB AG Services	iic		SSEE! TI
(Name of the Limited Liability Co	mpany as it now appointed Liability Company	ears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp Florida document number 43000 148836	oany were filed on _	3193193	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited E	iability Company," the	designation "LLC" or the abbreviate	tion "L L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS	2		
	<del></del> -		·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
THE STATE OF THE S	·		
	<del>- ,</del> :		
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce addr <del>e</del> ss on our	records, enter the name of th	e new registere
The state of the s			
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
New Registered Agent's Signature, If changing Registered Age	Ciņ:	Zip	Code
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	gree to act in this	capacity. I further agree to	comply with the

e 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 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

Title <u>Name</u> Address Type of Action EASTIN I Wigan A 4648 Hay 401 North Fladd Werenepri, HU 9472-1196 BROMOVE ALIFE EXPLANATE SECTION - VAND (120 My 16 124113 - ECO) TROMOVE \_\_\_\_\_ TiRemove \_\_\_\_\_ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
-	
_	
Note:	ive date, if other than the date of filing:  (optional)  (active 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 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated :	may 17, 2033
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00