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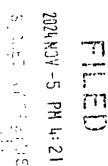
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration o	on Section f Corporations		
SUBJECT:	Hebb - ENTERPLISES, LLC Name of Limited Liability Company		
	es of Amendment and fee(s) are submitted for filing.		
Please return all cor	respondence concerning this matter to the following:		
	MElissa A Hebbert Name of Person	_	
	Firm/Company		
	10851 NW 3LM Street	2024 Sur	
	Sunkice, FL 33351 City/State and Zip Code	2024 NOV -5	1 'A'
	Hebb. Bell. Entero, sea ampl. Com. E-mail address: (to be used for future annual report notification)	PH 4: 2	•
D 0 1 1 C		~ ~~	
Rosco	tion concerning this matter, please call: at (954) 650 - 7061 Area Code Daytime Telephone Number	er ·	
Enclosed is a check	for the following amount:		
	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie	eate of Status &	
<u>Mailing A</u> Registrat	ddress: Street Address: 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

Name of the Limited High	SQS	v as it now appears on our	records.)		
(Name of the Limited Aiabi (A Flori	ida Limited Lis	ability Company)	LITTLE		
The Articles of Organization for this Limited Liability	Company w	vere filed on		and ass	igned
Florida document number <u>L23000 2244</u>	70				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabili	ity company here:			
The new name must be distinguishable and contain the words "Li	imited Liability	y Company," the designation	"LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:		Hebb-Bell &		es, Li	_C
(Principal office address MUST BE A STREET ADL	DRESS)	10851 NW 3			
		Sunrise, PL	3335)		
Enter new mailing address, if applicable:			······································	2024 HD	1.00
(Mailing address MAY BE A POST OFFICE BOX)				<u>, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	
			<u>.</u>	7 TP	1 • 1
B. If amending the registered agent and/or register agent and/or the new registered office address here		ldress on our records,		of the nev	v registered
Name of New Registered Agent:	Elissa	A. Hebbert		_	
New Registered Office Address: 12	0651 No	36 th Street			<u>-</u>
	Suncia	ى	, Florida	3335	
		Cito		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

llii

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>	<u>Name</u>	Address	Type of Action
MGR	Rescoe D. Bell	10851 NW36h St	₩Add
		10851 NW36h 5+ Sunrise, FL 33351	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□(Thomas

11 8111	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e	ctive date, if other than the date of filing:
e reco	ord 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 filed.
Date	d 10/31/2024.
	Signature of a member or authorized representative of a member
	MElissa A. Hebbert