L23000 Z654Z8

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COVER LETTER

I'O: Registration Se Division of Cor				
HBS Lendi:				
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lexie Rivers			25
		Name of Person		21.001.001.12
	Prime Corporate Services		-	
	***************************************	Firm/Company		رب انتا
	5250 S Commerce Dr Ste	200		دې
		Address		္ဆိ
	Murray, UT 84107			
		City/State and Zip Code		
	llcsupport@primecorporate			
		to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please co	all:		
Lexie Rivers		855 577-4639 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HBS Lending LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L23000265428</u>	ompany were filed on 05/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
HBS Innovative Solutions LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDR.		29 m KG
Trincipal office address (1981 DE 11911 DE 11911		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		;;; co
Maning address was be a rost office boxy		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our reco ress here:	ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		Florido
	City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			Change
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be prior to dat lock does not meet the applicable	e of filing or more than 90 days a	ptional) After filing.) Pursuant to 605.0 This date will not be listed
record specifies a delayed he 90th day after the rec	d effective date, but not an cord is filed.	effective time, at 12:0	1 a.m. on the earlie
ed October 27	. 2023		