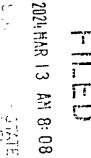
# L24000112796

(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:





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# incorporating Services, Ltd.

·1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# incserv

#### **ORDER FORM**

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/13/2024

**PRIORITY** Regular Approval

OUR REF # (Order ID#), 1235852

**ORDER ENTITY** 

HBL LAND HOLDINGS, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES:

HBL LAND HOLDINGS, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, March 13, 2024 Page 1 of 1

## **COVER LETTER**

Div	ision of Corp	ocrations			
CHD IE7T.	HBL Land I	loldings, LLC			
SOBJECT	••	Name of Limi	ited Liability Company		
The enclosed	LArticles of z	Amendment and fee(s) are sub-	mitted for filing		
			•		
Please return	all correspoi	ndence concerning this matter	to the following:		
		Jorge Salva, Esq.			
			Name of Person		
		Scarinci Hollenbeck			
			Firm/Company		
		519 Eighth Avenue, 25th F	loor		
			Address		
		New York, NY 10018			
	City/State and Zip Code				
		jsalva@sh-law.com			
		E-mail address: (t	to be used for future annual report notif	ication)	
For further in	nformation ed	oncerning this matter, please ca	all:		
Jorge Salva,	Esq.		at ( 212 ) 390-0411   Area Code   Daytime		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$2 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
	iling Address gistration S		Street Address: Registration Sec	ction	

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

TO:

Registration Section

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

FILED

2024 MAR 13 AM 8: 08 HBL Land Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{March 11, 2024}{March 11, 2024}$ and assigned Florida document number L24000112796 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 3301 SE Slater St. Enter new principal offices address, if applicable: Stuart, FL 34997 (Principal office address MUST BE A STREET ADDRESS) PO Box 212 Enter new mailing address, if applicable: Hasbrouck Heights, NJ 07604 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida <u>\_\_\_</u> Cuv

#### 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>	<u>Name</u>	Address	Type of Action
AMBR	Face Value, LLC	PO Box 212	□Add
		Hasbrouck Heights, NJ 07604	□Remove
			<b>■</b> Change
MGR	Julio C. Maldonado III	PO Box 212	
		Hasbrouck Heights, NJ 07604	□Remove
			<b>≣</b> Change
MGR	Samuel Maldonado	PO Box 212	□Add
		Hasbrouck Heights, NJ 07604	□Remove
			<b>■</b> Change
		<del>-</del>	□Add
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			□ Change

	/s/ Julio C. Maldonado	ture of a member or autho			
Dated	March 11	2024	·		
e record s ord is filed	pecifies a delayed effective date	, but not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
lf an effecti <u>Note:</u> If	date, if other than the date ive date is listed, the date must be sp the date inserted in this block don't effective date on the Department	ecific and eannot be prior oes not meet the application	to date of filing or n	(option fore than 90 days after til g requirements, this d	ing.) Pursuant to 605.0207 (
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Filing Fee: \$25.00