

L24000112796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

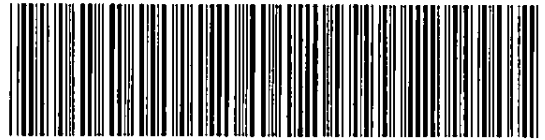
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2024 MAR 13 AM 8:08

2024 MAR 13 PM 2:49

STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AB

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dof.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: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

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.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBL Land Holdings, LLC

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:

Jorge Salva, Esq.

Name of Person

Scarinci Hollenbeck

Firm/Company

519 Eighth Avenue, 25th Floor

Address

New York, NY 10018

City/State and Zip Code

jsalva@sh-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Salva, Esq.

212 390-0411
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

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2024 MAR 13 AM 8:08

STATE
TULSA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Face Value, LLC	PO Box 212	<input type="checkbox"/> Add
		Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Julio C. Maldonado III	PO Box 212	<input type="checkbox"/> Add
		Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Samuel Maldonado	PO Box 212	<input type="checkbox"/> Add
		Hasbrouck Heights, NJ 07604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 11, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00