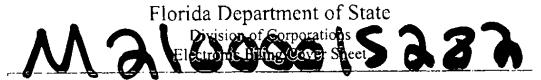
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Division of Corporations



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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: H Brothers Family Office, LLC	s on the records	of the Florida Depai	tment of	
Enter new principal office address, if applicable:	<u> </u>			 .
(Principal office address	400 Fifth Avenue South, Suite 300			
MUST BE A STREET ADDRESS)	Naples, FL 34102			
Enter new mailing address, if applicable: (Mailing address	400 Fifth Aver	nue South, Suite 300		2022 J ≱N
MAY BE A POST OFFICE BOX)	Naples, FL 34			_ _
2. The Florida document number of this limited li			(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	65 : I H
3 Jurisdiction of its organization: Wyoming			· 	6 1
4. Date authorized to do business in Florida: 11/3	6/2021			
SECTION II (5-9 complete only the applicable	changes)			
5. New name of the limited liability company: He (must	IB Management st contain "Lim	Group LLC ted Liability Compa	ny, " "L.L.C.," or "I	I.C.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or me must contain "Limited Liability Company," "L.L.	anaging membe	rs adopting the altern	ness in Florida and a nate name. The altern	itach a ate name
6. If amending the registered agent and/or registeregistered agent and/or the new registered office a	red officer addraddress here:	ess on our records, <u>e</u> r	nter the name of the r	<u>iew</u>
Name of New Registered Agent: HL Statutory A	gent, Inc.			
	ay Blvd., Suite 6			<u></u>
		Enter Florida St		
Ne 	aples 		, Florida 34108 Zip Cod	-
		City	Zip Cod	e
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as registered document is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to er and complete istered agent as ee in the register this change.	pact in this capacity. performance of my a provided for in Chap ed office address, I h	luties, and I am Jamil Her 605, F.S. Or, if the Hereby confirm that th	liar with his he limited

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. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
			□Remo				
			□Add				
			□Remo				
			⊡Add				
			□Remo				
			□Remo				
			□Add				
aforementioned at	Acron Presce	by the official having custody of records i	□Remo				

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STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: HB Management Group LLC Old Name: H Brothers Family Office, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 10th day of January, 2022



Filed Date: 01/10/2022

Edward X. Secretary of State

By: Austin Stege