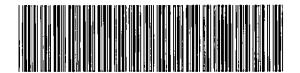


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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	D WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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2025 Trail P. P. 6: 20

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Hendersh	ot Land Management LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mason Handershot		
		Name of Person	
	Hendershot Land Manag	gement	
		Firm/Company	
	228 NW 14TH PL		
		Address	
	Cape Coral, Florida 338	93	
		City/State and Zip Code	
	Hendershotlandmanagen	nent@gmail.com to be used for future emmal report noti	firstion)
For further information of	concerning this matter, please o	•	
Mason Hendershot		239 784-6579	
Name (of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Foe & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre Registration		Street Address:	ati an
Division of C		Registration So Division of Cor	
P.O. Box 633	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hendershot Land Management		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record .isbdity Company)	<u>~)</u>
he Articles of Organization for this Limited Liability Company	were filed on 11/19/2024	and assigned
lorida document number L24000487992		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liah	ility company bere:	
he new name must be distinguishable end contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		<u>5. 122 :</u>
Principal office address MUST BE A STREET ADDRESS)		75. 75
		From Z
inter new mailing address, if applicable:		Syc B II
Mailing address MAY BE A POST OF FICE BOX)		7100 g U
		20
b. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
the species are new registered nearly stated and experience.		
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street addres	
	.ท	orida
	City	Ztp 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 = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Mason Hendershot	228,NW 14TH PL	(III Add
		Cape Corat	□Remove
		Florida 33993	□Change
			□Add
			□Remove
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iive date, if other than the date of fi	ing:		(optional)
tive date, if other than the date of fi fective date is listed, the date must be specific If the date inserted in this block does n	and cannot be prior to date t meet the applicable s	e of filing or more than 90 tatutory filing requires	days ofter filing.) Pursuant to 60 ents, this date will not be li
nent's effective date on the Department	f State's records.		
rd specifies a delayed effective date, but ibed.	ol an elikenye ime, a	i 12501 a.m. on the ear	iero I: (b) i be sami cay an
December 20th	,	//	
7712	Me		
Signature of	a microber or amborized	representative of a memb	5

Filing Fee: \$25.00