(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)	<u> </u>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ві	ısiness Entity Nar	me)		
(Do	ocument Number)	<u>.</u>		
Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to	Filing Officer:			

Office Use Only

G. MCLEOD

NOV - 2 2012

EXAMINER



900241169089

11/01/12--01013--013 **30.00

12 NOV - I PH 4: 09

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Hennessey Capital 5E, 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:					
FRED D. Wolf Name of Person					
HC5E, LLC Firm/Company					
5024 Uceta Rd. Address					
Tampa, FL 33619 City/State and Zip Code Owolf 93604 @ Gmail-Com E-mail address: (to be used for future annual peport notification)					
For further information concerning this matter, please call:					
FRED DAVID WOLF Name of Person at (813) 500 - 8714 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\t					

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hennessey Cap	ital SE,	LLC	
(Name of the Limited Liah (A Flor			
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed o	on <u>4-7-200</u> 7	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the HCSE LLC The new name must be distinguishable and end with the			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability	Company," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		LAHAA
Enter new mailing address, if applicable:			SEE OF R IT
(Mailing address MAY BE A POST OFFICE BOX			5 : 0
Imuning undress MAT BE A FOST OFFICE BOX			99 RIDA
B. If amending the registered agent and/or r registered agent and/or the new registered office		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ad	ldrass
		Enter Florida sireet da	ur coo
_	Oir.	, Florida _	Zip Code
	Citv		zip Coae

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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Name</u> Title **Address** ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00