

L000000006860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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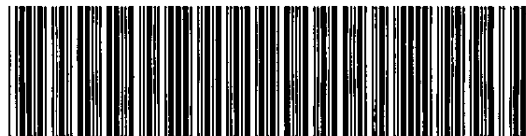
(Business Entity Name)

(Document Number)

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04/07/15--01007--009 **60.00

2015 APR -7 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 24 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hensgew Properties, 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:

Kelly Hensgew
Name of Person

Hensgew Properties
Firm/Company

500 Memorial Circle Ste C
Address

Ormond Beach FL 32174
City/State and Zip Code

Ktitone D@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Hensgew at (386) 615 2500
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hensgen Properties, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2015 APR - 7 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L 00000006860

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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 _____
City Zip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Kimelica Clendenin	186 Coquina Key Dr	<input checked="" type="checkbox"/> Add
		Ormond Beach FL 32176	<input type="checkbox"/> Remove
	Name change from:		<input type="checkbox"/> Add
		186 Coquina Key Dr	<input checked="" type="checkbox"/> Remove
		Ormond Beach, FL 32176	
MGR	Kimela Titore		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4.3.15

Signature of a member or authorized representative of a member

Kelly Hensgen

Typed or printed name of signee

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: 2015-30845 FMCJ
Division: 36

IN RE: THE NAME CHANGE OF

Kimelia Titone
Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on {date} 3/27/15, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

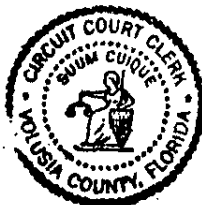
1. Petitioner is a bona fide resident of Volusia County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, Kimelia Titone,
is changed to Kimelia Clendenin, by which
Petitioner shall hereafter be known. Dgs 7/5/61

ORDERED ON 3/27/15

[Signature]
CIRCUIT JUDGE

COPIES TO:
Petitioner



STATE OF FLORIDA, VOLUSIA COUNTY
I HEREBY CERTIFY the foregoing is a true copy
of the original filed in this office. This

30 day of March 2015
Clerk of Circuit and County Court

By: [Signature]

Deputy Clerk

CLERK OF THE CIRCUIT
& COUNTY COURT VOLUSIA COUNTY, FL
CC 63

15 MAR 30 AM 9:32

FILED