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D. BRUCE

AUG 18 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Henjo		nternational LLC		
	Name of Limi	ted Liability Company		•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Todd Henning	· · · · · · · · · · · · · · · · · · ·	
		Name of Person		
		Firm/Company		— 1
700 South Hampton Avenue		ue	PIL 09 AUG 17 SECRETAR) ALLAHASSE	
		Address		
Orlando, FL 32803 City/State and Zip Code			- m 3 m	
	then E-mail address: (ning@acsbusiness.co to be used for future annual repo	m rt notification)	AUG 17 PM 2: 22 CRETARY OF STATE AHASSEE. FLORIDA
For further information c	concerning this matter, please o	call:		A
	odd Henning of Person	at (321)	388-6785 Daytime Telephone Numb	Der .
			,	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	Certific aclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
	ING ADDRESS: ration Section	STREET/C Registration	OURIER ADDRESS: Section	
Division of Corporations P.O. Box 6327		Division of Clifton Build	Corporations	
Tallahassee, FL 32314		∠ooi Execui	TAC CENTER CHOIC	

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Henjoy Interna (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ational LLC y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v. Florida document numberL08000076598	were filed on08/11/2008 and assigned .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	09 AU
(Principal office address MUST BE A STREET ADDRESS)	ASSEL
Enter new mailing address, if applicable:	PH 2: FLOR
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered offi 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> Robert Joyce MGRM 700 South Hampton Avenue Orlando, FL 32803 ☐ Add √ Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 14 2009 Signature of a member or authorized representative of a member **Todd Henning** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00