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12 AUG 29 AM ID: 52 SEUSETARY OF STATE TAI I AHASSEE, FLORIDA

C. LEWIS

AUG 3 0 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hen Enter prises LLC Name of Limited Liability Company
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:
George Spences
Hen Enterprises LLC Pirm/Company
10190 Golf Club Drive
SACKSonville, FL 32256 City/State and Zip Code
Spencer @ Spencer- com Email address: (to be used for Nature annual report notification)
For further information concerning this matter, please call:
Scorge Spences at (904) 7155-7918 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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

FILED

12 AUG 29 AM 10: 52

Hen Enterpris	ics, LLC	SEURETARY OF STATE rs on our records:) LAHASSEE, FLORIDA	
(<u>Name of the Limited Liab</u> (A Flori	ollity Company as it now appearida Limited Liability Company)	rs on our records:)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on	5/23/11 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable:		any," the designation "LLC" or the abbreviation	
(Principal office address MUST BE A STREET AL	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
		16(s) here: (Attach additional sheets, if necessor 45-2436572	
 Dated		·	FILED 12 AUG 29 AM IO: 52 SULLA ASSEE, FLORIDA
	A Ha	or printed name of signee	TATE ORIDA
	7 (D 2 -62	

Page 2 of 2

Filing Fee: \$25.00