## 112000152713

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: HEN	DERSON IN	SURANCE, LLC	2, ,
5003EQ1.		imited Liability Company	<del></del>
The enclosed Articles of A	amendment and fec(s) are st	ubmitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
	Hacinth	Henotei San Name of Person	
	Henders	Son Insurance Firm/Company	ILLC E
		JW 151 STYPET	21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Miami	FL 33614	
	HHENDERS E-mail address	FL 33614  City/State and Zip Code  SON @ FOBERTHE!  (to be used for future annual report noting call:	UDERSON JR., COSA
For further information con	ncerning this matter, please	call:	
HYACINTIT	HENDERSON		
Name of	Person		e 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)
<u>Mailing Address:</u> Registration So Division of Co	ection	<u>Street Address:</u> Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENDERSON INSURANCE (Name of the Limited Liability Comp (A Florida Limited)	UC.	or records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000 [52713</u> .	y were filed on 12/	$\frac{06/2012}{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		22 C
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>-</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	pet 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 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

<u>Title</u>	Name	Address 5793A NW 1515T STreeT	Type of Action
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