

L14000015658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

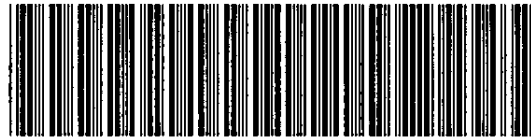
(Business Entity Name)

(Document Number)

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JULIAHARRIS@SOS.DK
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2014

OKWUDILI AFAMEKUNE
5505 UNIVERSITY BLVD W
JACKSONVILLE, FL 32211

SUBJECT: HENCHAVI GROUP LLC
Ref. Number: L14000015058

We have received your document for HENCHAVI GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00002525

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENCHAVI Group 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:

OKWUDILI AFAMEFUNE
Name of Person
HENCHAVI Group LLC
Firm/Company
5505 UNIVERSITY BLVD W
Address
JACKSONVILLE FL 32211
City/State and Zip Code
TNTALTY@BRUSARD.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OKWUDILI AFAMEFUNE at (904) 528-6513
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

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

HENCHAVI Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/28/2017 and assigned Florida document number L14000016058.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HENCHAVI Group LLC

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

SAME

New Registered Office Address:

SAME

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	AFANEFUNE, OKWUDILI	SSUS UNIV BLVD W JACK 3211	☐ Add
			☒ Remove
MGR	AFANEFUNE, MONICA	SSUS UNIV. BLVD W JACK 3211	☐ Add
			☐ Remove
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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: 2/18/2014 (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 Jan 29, 2014

Okwudili Afamke
Signature of a member or authorized representative of a member

OKWUDILI AFAMKE
Typed or printed name of signer

FILED
TALLAHASSEE, FLORIDA
14 FEB 18 PM 2:51