

L150000 74655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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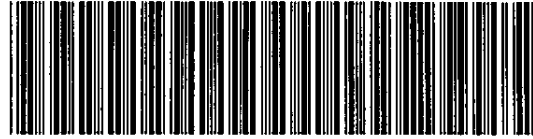
(Business Entity Name)

(Document Number)

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JUL 26 2016

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Henlet 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:

Frederic Henry  
Name of Person

Henlet LLC  
Firm/Company

P.O. Box 565355  
Address

Miami, Florida 33256-5355  
City/State and Zip Code

Henry @ mFunds.us.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederic Henry at (305) 283-7509  
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**

Henlet 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 April 28, 2015 and assigned Florida document number L15000074655.

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 contain 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)**

3678 William Avenue

Miami, Florida 33133

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 565355

miami, Florida 33256-5355

**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:

3678 William Avenue

Enter Florida street address

miami

City

, Florida

33133

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Frederic Henry	3678 William Avenue	<input type="checkbox"/> Add
		Miami, Florida 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Patrick Chollet	8 Chemin de la Marjolaine	<input type="checkbox"/> Add
		Founex, Switzerland,	<input checked="" type="checkbox"/> Remove
		CH 1297 CH	<input type="checkbox"/> Change
MGR	Richard Henry	46 marville Road	<input type="checkbox"/> Add
		London, UK SW67-BD	<input checked="" type="checkbox"/> Remove
		UK	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

16 JUN 25 11:02  
 MILWAUKEE, FLORIDA

16 JUL 25 PM 1:42  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 25 PM 1:42  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 19, 2016.

representative of a member

Signature of a member or authorized representative of a member

Frederic Henry  
Typed or printed name of signer