Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : RC TAX SERVICE LLC
	Account Number : I20140000083
	Phone : (407)932-0040
	Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C 1 1	A -1 -1			
cmarr	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HENAO ENTERPRISE LLC $q_{\boldsymbol{\nu}}$

Certificate of Status	0
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COVER LETTER

TO:	Registration Se Division of Con			
eum ne	·CT.	HENAO	ENTERPRISE LLC	
SUBJE	.CI;	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
			SEBASTIAN HENAO	
			Name of Person	
			Firm/Company	
			2118 MEADOW VISTA CT	
			Address	
			ORLANDO, FL 32824	
		†	City/State and Zip Code	2014
			DAVID@RCTAXSERVICE. (to be used for future annual repo	
For furt	her information c	oncerning this matter, please c	ali:	
		IAN HENAO	407 at ()	360-4052
	Name o	f Person	Area Code [Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 1 Section 2 Sectio
	Mailing Address Registration S		<u>Street Addre</u> Registratio	
	Division of C	orporations	Division of	Corporations
	P.O. Box 632 Tallahassee, I			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	HENAO ENTERPRISE LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) londa Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on09/12/2016	and assigned
Florida document numberL160000169951		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here;	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	B:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	N O	
		······································
 If amending the registered agent and/or regis gent and/or the new registered office address he 	tered office address on our records, <u>enter the na</u> ere:	ame of the new register
	 -	HS I
Name of New Registered Agent:		A: 10 S:20 - TI
New Registered Office Address:		
	Enter Florida street address	
	, Florida	DRIE 2
_	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

Title	<u>Name</u>	Address	Type of Action
MGR	JERONIMO HENAO	1500 PLANTATION POINTE DR	□Add
		ORLANDO, FL 32824	
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			☐ Change

	ation, enter change(s) here: (Attach additional sheets,	
		
	_	
		
,		
		
Nective date, if other than the	date of filing.	
an effective date is listed, the date mu	date of filing:	(Optional) 3 after filing.) Pursuant to 605.020
ocument's effective date on the D		ts, this date will not be listed a
ecord specifies a delayed effective	e date, but not an effective time, at 12.01 a.m. on the earlier	of: (b) The 90th day after the
is filed.		V. ∓ ≃
SEPEMBER, 15	2021	2021
ated		SEP AHA
		FIL SSI SSI
	Signature of a member of authorized representative of a member	
	DAVID CARVAJAL (AUTHORIZED REPRESENT	ATIVE) 물로 표
	Typed or printed name of signee	