

L18000093502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

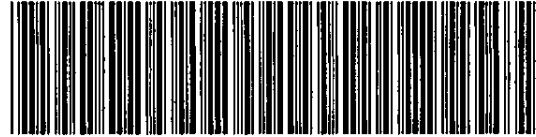
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 APR 26 PM 3: 27

N COOPER

APR 27 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Henson Landscapes, 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:

Justin Henson  
Name of Person

Henson Landscapes, LLC  
Firm/Company

3 Almond Lane  
Address

Ocala, FL 34472  
City/State and Zip Code

HensonlandscapesLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin C. Henson at ( 352 ) 362-1989  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

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>                      |
|--------------|----------------------------|------------------------|--------------------------------------------|
| <u>MGR</u>   | <u>Justin C. Henson</u>    | <u>3 Almond Lane</u>   | <input checked="" type="checkbox"/> Add    |
|              |                            | <u>Ocala, FL 34472</u> | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |
| <u>AMBR</u>  | <u>Jesselin D. Tinsley</u> | <u>3 Almond Lane</u>   | <input type="checkbox"/> Add               |
|              |                            | <u>Ocala, FL 34472</u> | <input checked="" type="checkbox"/> Remove |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |
|              |                            |                        | <input type="checkbox"/> Add               |
|              |                            |                        | <input type="checkbox"/> Remove            |
|              |                            |                        | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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TALLAHASSEE, FLORIDA  
18 APR 26 PM 3:27

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Justin C. Henson

Typed or printed name of signee