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COVER LETTER

TO: Registration So Division of Con					
SUBJECT: BKHenry I	Enterprises LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspond	ondence concerning this matter	r to the following:			
	Bradford Henry				
		Name of Person			
		Firm/Company			
	8691 Hunters Creek Dr. S		C 1.	2	
		Address	312	2021 £	4 17-12-
	Jacksonville, FL 32256			åPR 2	~ = ~ = ~ = ~ = ~ = ~ = ~ = ~ = ~ = ~ =
		City/State and Zip Code	•	Ö	Sandari A
	bradfordbhenry@gmail.cor		ÇÇ Ç∏ÎO	75. CD	(1)
For further information c	E-mail address: concerning this matter, please c	to be used for future annual report notificational:	on)	3: 06	الديحة
Bradford Henry	_	904 386-0143 at ()			
Name o	f Person		ephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Stati py	
Mailing Addres Registration S		Street Address: Registration Section			
Division of C		Division of Corpora			
P.O. Box 632		The Centre of Tallah	nassee		
Tallahassee, F	L 32314	2415 N. Monroe Str	eet, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BKHenry Enterprises LLC				
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our rimited Liability Company)	records.)		_
The Articles of Organization for this Limited Liability Con	npany were filed on 11/28/18		മഹ	d assigned
Florida document number 83-2654856				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
Bradford B. Henry LLC				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the al	obreviatio	on "L.L.C."
Enter new principal offices address, if applicable:			292	
Principal office address MUST BE A STREET ADDRE	(SS)		20-	وتعتاسه
			, , ,	******
			Ġ	y
Enter new mailing address, if applicable:		reining Telephon	-C	
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Mailing address MAY BE A POST OFFICE BOX)	. .	1 1	6.	
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, §	enter the nan	ne of the	e new regis
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	uddress		
		_, Florida		
	City		Zip C	'ode

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 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>	Address	Type of Action
Member	Katherine M Henry	8691 Hunters Creek Dr. S.	
		Jacksonville, FL 32256	■Remove
			□Change
			⊡Add
			Remove 22
			DChange
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to 605.03
rument's effective date on the Department of State's records.	standary rining requirements, this date with not be fisted
cord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed April 26 th 2021	
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