## L19CCCC52522

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



100336799441

11/16/19--01036--036 \*+60.00

FILED

19 DEC 26 MM 9: 30

SECRETARY OF STATE FALL ARKSESSEE FLORIDA

DECET ()
T SUCH PURCH YELL

## **COVER LETTER**

то:	Registration Se Division of Cor			
	The state of the s	terprises LLC		
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Gary Hensley		
			Name of Person	
		Hensley Enterprises LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2827 Suncoast blend dr		
			Address	
		Odessa, FL, 33556		
		ghensley39@msn.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Gary Не			813 520-1810 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>325</b> .	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:** 

TO:

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

I Marina Szing, a corporate member of MiKa Tool and Machine Co. INC., herby states that I will not reinstate or revoke the dissolution of the corporation known as "Mika Tool & Machine Co. INC.". Thereby, giving Gary Hensley permission to use the name "Mika Tool & Machine Co"

Marina Szing

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hensley Enterprises LLC				
(Name of the Limited Liabili (A Florida	ty Company as it now appea i Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Colorida document number L19000052522	Company were filed on $\frac{2}{2}$ .	22-2019	and assigned	
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the lim	ited liability company h	ere:		
Mika Tool & Machine Co., LLC				
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or th	e abbreviator "L.L.C."	
Enter new principal offices address, if applicable:	Mika Tool & M	lachine Co., LLC	岩界 7	
Principal office address MUST BE A STREET ADDI	8008 118th Ave	e N.	11. 26	
	Largo, FL, 337	73	(1)(2) <b>3- 11</b>	
inter new mailing address, if applicable:	Mika Tool & M	fachine Co., LLC	D 9: 30	
Mailing address MAY BE A POST OFFICE BOX)	8008 118th Ave	8008 118th Ave N.		
	Largo, FL 3377		<u></u>	
s. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		n our records, <u>ent</u>	ter the name of the	
New Registered Office Address: 8008 1	18th Ave N.			
New Registered Office Humess.	Enter Florida street address			
Largo	Largo , Florida 337		33773	
	City		Zip Code	
ew Registered Agent's Signature, if changing Registere	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agent being filed to merely reflect a change in the registere	and agree to act in this omplete performance of gent as provided for in (	f my duties, and I a Chapter 605, F.S. (	m familiar with and Or, if this document	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<b>Type of Action</b>
AMBR	Patrice Camille Shanks	2827 Suncoast Blend dr. Odessa, FL, 33556	
		· · · · · · · · · · · · · · · · · · ·	■ Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			CJ Add
			Remove  Remove  Charles Change  Remove
			28 28 28 28 28 28 28 28 28 28 28 28 28 2
			☐ Change
			☐ Add
		<del></del>	□ Remove
			Change
			Add
		<del></del>	☐ Remove
			□ Change

			<b>-</b>
			_
			~
		<del> </del>	_
		-	_
		· · · · · · · · · · · · · · · · · · ·	_
		•	_
			-
	<u> </u>	<del>- 15</del>	_
<u> </u>		居	רד
	SS	26	=
		<del></del>	<u></u>
	<u> </u>	<u> </u>	O
	08 08 08 08	3	_
	dD		

Page 3 of 3

Filing Fee: \$25.00