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COVER LETTER

TO: Registration Section **Division of Corporations** HENSLEY ESTABLISHMENT LLC SUBJECT: 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: Michael J. Hensley Name of Person Firm/Company 822 Hawthorne Drive Address Lake Park, Florida 33403 City/State and Zip Code corporatefamily@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael J. Hensley Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fce & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENSLEY ESTABLISHMENT LUC	ny ak it naw unneyes an ode Feeneri	<u> </u>
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)	 -
he Articles of Organization for this Limited Liability Company	were filed on <u>08/19/2019</u>	and assigned
lorida document number L19000211731		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Iensley LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Michael J. Hensley	2020 C
Principal office address MUST BE A STREET ADDRESS)	822 Hawthorne Drive	
	Lake Park, Florida 33403	表 5 厂
		SSE B
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		50 ATT
		· ·
3. If amending the registered agent and/or registered office	address on our records, <u>enter</u>	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	(S
		orida
	City	z.p. Coac

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>	Name	Address	Type of Action
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			□Remove
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ffective date, if other than the d	ate of filing:		(optional)	
an effective date is listed, the date must blote: If the date inserted in this bloc	k does not meet the applic	to date of filing or more that able statutory filing requ	i 90 days after filing.) F frements, this date w	ursuant to 605.020 ill not be listed as
ocument's effective date on the Dep	artment of State's records.			
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