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2022 MAR 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. BUTLER
APR 07 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENNEYLOCK AND KEY, 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:

Shahaf Zagorsky
Name of Person

HENNEYLOCK AND KEY, LLC
Firm/Company

1757 Kirtley Dr.
Address

Brandon, FL 33511
City/State and Zip Code

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

For further information concerning this matter, please call:

Shahaf Zagorsky at (951) 525 9017
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2022 MAR 23 PM 4:00

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 01/30/2020 and assigned Florida document number L20000037017.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1757 Kirtley Dr.
Brandon, FL 33511-2256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1757 Kirtley Dr.
Brandon, FL 33511-2256

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shahaf Zagorsky

New Registered Office Address:

1757 Kirtley Dr.

Enter Florida street address

Brandon

City

Florida 33511-2256

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shahaf Zagorsky	1757 Kirtley Dr. Brandon, FL	<input checked="" type="checkbox"/> Add
		33511 - 2256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Assata L Shakoor	16204 Sabal Tree Dr.	<input type="checkbox"/> Add
		203	<input checked="" type="checkbox"/> Remove
		Riverview, FL 33578	<input type="checkbox"/> Change
Authorized Member	Jamal H Evans	10204 Sabal Tree Dr.	<input type="checkbox"/> Add
		203	<input checked="" type="checkbox"/> Remove
		Sarasota, FL 33578	<input type="checkbox"/> Change
Authorized representative	Omar L Shakoor	10204 Sabal Tree Dr.	<input type="checkbox"/> Add
		203	<input checked="" type="checkbox"/> Remove
		Riverview, FL, 33578	<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.)

Amending information due to
someone who was never on
my business altering my information
so I am just changing it back.

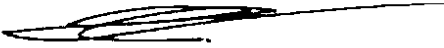
E. Effective date, if other than the date of filing: _____ (optional)

(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 March 18th . 2022



Signature of a member or authorized representative of a member

Shahaf Zagerstey

Typed or printed name of signee