

L20000333615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

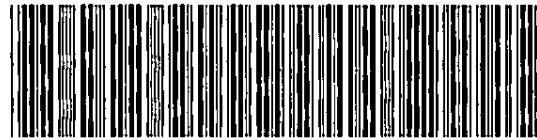
(Business Entity Name)

(Document Number)

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D. BRUCE  
OCT 23 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HENNIS & ASSOCIATES, 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:

ALECIA HENNIS

Name of Person

Firm/Company

1947 PLAYERS PL

Address

NORTH LAUDERDALE, FL 33068

City/State and Zip Code

HennisAndAssociatesLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALECIA HENNIS

754

234-9532

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**

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

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FEB 11 2021

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FEB 11 2021

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

HENNIS & ASSOCIATES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/21/2021 and assigned Florida document number 1.20000333615.

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)

1947 PLAYERS PL

NORTH LAUDERDALE, FL 33068

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ALECIA HENNIS

New Registered Office Address:

1947 PLAYERS PL

*Enter Florida street address*

NORTH LAUDERDALE

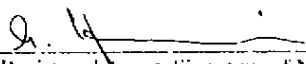
Florida 33068

*City*

*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	ALECIA HENNIS	1947 PLAYERS PL	<input checked="" type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARLENE HENNIS	8331 NW 53RD CT	<input type="checkbox"/> Add
		LAUDERHILL, FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTOINETTE HENNIS	7416 SW 12TH CT	<input type="checkbox"/> Add
		NORTH LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALVIN P HENNIS	4995 SW 5TH ST	<input type="checkbox"/> Add
		MARGATE, FL 33068	<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

2021 OCT 13 AM 10:10  
 SECTION 13  
 TALLAHASSEE, FL  
 FID

2021 OCT 13 AM 10:10  
SECURITY NOTE  
TALLAHASSEE, FL

2021 OCT 13 AM 10:10  
SEC. 1, 1A, 1B, 1C, 1D  
TALLAHASSEE, FL

(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 OCTOBER 8, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**