

K20 000338222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

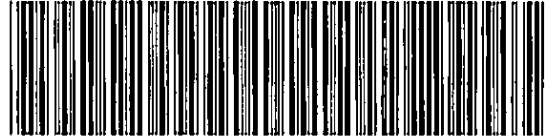
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TALLAHASSEE, FLORIDA

2022 SEP -9 AM 8:39

SEP 12 2022

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2022

NATIVE HENDRIX TAX SERVICES & MORE LLC  
5700 LAKEWORTH RD, SUITE 310-4  
GREENACRES, FL 33463

SUBJECT: NATIVE HENDRIX TAX SERVICES & MORE LLC  
Ref. Number: L20000338222

We have received your document for NATIVE HENDRIX TAX SERVICES & MORE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 722A00019013

RECEIVED  
2022 SEP -9 PM 2:04  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NATIVE HENDRIX TAX SERVICES & MORE 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:

STACEY CHAMBERS

\_\_\_\_\_  
Name of Person

NATIVE HENDRIX TAX SERVICES & MORE LLC

\_\_\_\_\_  
Firm/Company

5700 LAKEWORTH RD 310-4

\_\_\_\_\_  
Address

GREENACRES, FL 33463

\_\_\_\_\_  
City/State and Zip Code

nativehendrixtax@icloud.com

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

For further information concerning this matter, please call:

Stacey A Chambers

561 202-4193  
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

May 26, 2022.

To Whom it May Concern

I Stacey Chambers, the owner of Native Hendrix Tax Services and More LLC would like to change the name of my business to a more unique name. My address is 5700 Lake Worth Rd suite 310-4, Greenacres, Fl 33463, my contact phone number is 561-202-4193.

If you have any questions please feel free to contact me at the above mentioned phone number.

Yours Sincerely,

A handwritten signature in black ink, appearing to be 'Stacey Chambers', with a stylized circular flourish at the beginning and a long horizontal stroke extending to the right.

Stacey Chambers

Owner and Registered Agent.

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

NATIVE HENDRIX TAX SERVICES & MORE LLC

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

FILED  
2022 SEP -9 AM 8:40  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L20000338222.

This amendment is submitted to amend the following:

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

NATIVE HENDRIX LLC

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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**

[illegible]

[illegible]

(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)

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.

at 12:01 a.m. on the earlier of

**Stacey A Chambers**

Typed or printed name of signee

ALLAHSEE, FLORIDA

2022 SEP -9 AM 8:40

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