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## COVERIETTER

, ,	COVERLETTER
	on Section f Corporations
SUBJECT:	HEURICKSON INTERNATIONAL LLC Name of Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are submitted for filing.
Please return all co	respondence concerning this matter to the following:
	Jade Henrickson Name of Person
	JADE M HENRICKSON LLC Firm/Company
	9428 Woodcrane Dr
	Winter Garden, FL 34787 File Toole
	ANN ALLENS AND
For further informa	E-mail address: (to be used for future annual report notification)  ition concerning this matter, please call:
Jale	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
₩ \$25.00 Filing I	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HENRICKSON IN  (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company value of Organization for this December of Organization for the Organization for this Organization for this Organization for the Organizati	were filed on Mach 12,20	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
TADE M HENRIC KON The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or the abi	
Enter new principal offices address, if applicable: (50, me)	) 618 E. SOUTH S	T
Principal office address MUST BE A STREET ADDRESS)	STE 506	
	ORLANDO, FL 3=	280
Enter new mailing address, if applicable: (5ame)	9428 Wooderen Winter Garden	e_br.
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden 34787 FI	<u> </u>
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name	e of the new registered
agent and/or the new registered office address here:	E SIN	ب ب
Name of New Registered Agent:	ame m	
New Registered Office Address: 50	CMC 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	***************************************		□Add
			□Remove
			□Change
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Amending HENRICKSON INTERNATION	9/ // 0	
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JADE M HENRICKSON LLC		
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) n 90 days after filing.)	Pursuant to 605.
e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	irements, this date w	vill not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	earlier of: (b) The	90th day after
in a ruth		
o Morch 24th, 2021.		
Inle Hom		
Signature of a member or authorized representative of a me	ember	