# L22000200426

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22 MAY 23 AM 11: 07

T. MATTHEWS

JUL 26 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: House of Henderson 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:
Monica Henderson Name of Person
House of Henderson LLC Firm/Company
12132 Windriver Ln Apt 8-14 Address
Hudson, FL, 34667 City/State and Zip Code
Henderson 0128 @ yahoo.com E-mail address: (to be used for furfre annual report notification)
For further information concerning this matter, please call:
Monica Henderson at (407) 334 - 8827  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 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

### ARTICLES OF AMENDMENT

### TO

## ANT FILED STATE SECRETARY OF STATE ONLY STON OF CORPORATIONS TION ARTICLES OF ORGANIZATION

**OF** 

22 MAY 23 AH 11: 07

House of Henders	son LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>122000200426</u> .	ere filed on 04/27/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty 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)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Beginson d Assault City	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMB R	Monica Henderson	12132 Windriver Ln	XAdd
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		Apt 8-14 Hudson, FL 34667	□Change
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ective date, if of	er than the date of filing:		(onti	onal)
reffective date is list	d, the date must be specific and cannot	ot be prior to date of fili	ng or more than 90 days after	r filing.) Pursuant to 605,0207
rument's effective	rted in this block does not meet t date on the Department of State's	ne applicable statutor s records.	y ming requirements, thi	s date will not be listed as
cord specifies a de	ayed effective date, but not an ef	fective time, at 12:01	a.m. on the earlier of: (t	) The 90th day after the
s filed.				
ed May	19th -	2022		
ed May	MIN -	<u> </u>		
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		'		
	Signature of a memb	er or authorized represe	ntative of a member	