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CONTRACTOR OF THE

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of C			
HENRY	S, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LORI A. WELLBAUM		
		Name of Person	
	WELLBAUM LAW, P.A.		
		Firm/Company	
	686 n. indiana ave		
		Address	
	ENGLEWOOD, FL 34223	3	2023 OCT - 6 AND OUT - 6 AND O
		City/State and Zip Code	E8 6:
	asst@dannyduncan69.com		
		(to be used for future annual report n	outilization)
For further information	n concerning this matter, please o	eall:	19.7 D
Krs	<del>1</del> √	at (941_)_380	-8963 5
Nam	e of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check fo	r 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 Add		Street Address: Registration S	Section
Registratio Division of	n Section Corporations	Division of C	
P.O. Box 6	327	The Centre of	
Tallahassee	e. FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HENRYS, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del> _
he Articles of Organization for this Limited Liability (	Company were filed on 7/12/2022	and assigned
Florida document number L22000310628	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	wind Liability Company" the designation "LLC" or the abh	reviation "L.L.C."
he new name must be distinguishable and contain the words. Lin	united Liability Company, the designation Edge of the de	2023
nter new principal offices address, if applicable:	<u> </u>	<del>,                                    </del>
Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		<u> </u>
inter new mailing address, if applicable:		/ _
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
/	<u> </u>	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, enter the name	of the new regist
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 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>	Address	Type of Action
MGR	STEFAN TOLER	1600 Vine Street #1126	□Add
		Los Angeles. CA 90028	■Remove
			□Add
			□Remove
			Change
			Remove
			□ Change
			□Remove
			□Change
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	——————————————————————————————————————	<del></del>
	f1;	
rive date, if other than the date of filing:	of filing or more than 90 days after filing.	) Pursuant to 605
If the date inserted in this block does not meet the applicable sta	ntutory filing requirements, this date	will not be liste
nent's effective date on the Department of State's records.		
	10:01 are an the sention of the Th	a OAth day after
rd specifies a delayed effective date, but not an effective time, at iled.	12:01 a.m. on the earner of. (b)	e your day arter
< COTPATRO IX- 2014		
SEPTEMBER 68 2003		
Signature of a member or authorized re		

Filing Fee: \$25.00