L18000056558

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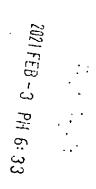


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S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations		porations		
SUBJEC		AYES CPA, LLC	,	•
)UDJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
r i (No. 11. 11. 15. 15. 15. 15. 15. 15. 15. 15	and the comment	
		Amendment and fee(s) are sub		
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Elena Hayes		
			Name of Person	
			Firm/Company	
		13547 Manchester Way		
			Address	
		Naples, Florida 34109		
		 ,	City/State and Zip Code	
		elenahayes01@gmail.com		
			to be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Elena Ha	iyes		386 986-7804 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elena Hayes CPA, 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 $\frac{03/02/2018}{2}$ Florida document number L18000056558 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HAYES FINANCIAL CPA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 13547 Manchester Way Enter new principal offices address, if applicable: Naples, Florida 34109 (Principal office address MUST BE A STREET ADDRESS) 13547 Manchester Way Enter new mailing address, if applicable: Naples, Florida 34109 (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: 13547 Manchester Way New Registered Office Address: Enter Florida street address , Florida 34109 Zip Code Naples: Cin

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
AMBR	Alexander Hayes	13547 Manchester Way, Naples, Florida 34109	= Add
			□Remove
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		1 <u>-</u>	□Remove
			□ Change

	
	
	
Effective date, if other	er than the date of filing: (optional)
(It an effective date is listed. Note: If the date insert	I, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective da	ate on the Department of State's records.
he record specifies a dela ord is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7.
Dated Jeerul	vary 29th. 2021. Na flayes Signature of a member or authorized representative of a member
e,	4 //
_ Elei	Ma Flayes
Elena Hayes	s

Filing Fee: \$25.00