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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	Hayes Law	, PL		
00199		Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Rosemary Hayes		
			Name of Person	
		Hayes Law, PL		
			Firm/Company	
		830 Lucerne Terrace		
			Address	· -
		Orlando, FL 32801		
		 	City/State and Zip Code	
		admin@const-law.com		
		E-mail address: (to be used for future annual report noti-	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Rosen	nary Hayes		407 341-2242	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
	5.00 Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hayes Law, PL		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L03000054580	Company were filed on December 19, 2003	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
Hayes & Newman, PL		7. o
he new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or t	he abbreviation IL.C.
nter new principal offices address, if applicable:		ا مصدد المحددا
Principal office <u>address MUST BE A STREET ADDI</u>	RESS)	υς ω (m)
		* 5
		P. 2.
nter new mailing address, if applicable:		60
Mailing address MAY BE A POST OFFICE BOX)		_
		
3. If amending the registered agent and/or registered agent and/or the new registered office add		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Carly Newman	830 Lucerne Terrace Orlando, FL 32801	= Add
			□ Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
			Change
			Change
			Remove
	•		☐ Change

Rosemary Hayes	Signature of a member or a	nuthorized representative of	a member	00 00 00 00 00 00 00 00 00 00 00 00 00	
	&m	n		40N 61	•
September 2	2019	·		Eo L	
e record specifies a delay The 90th day after the re	ed effective date, but ecord is filed.	not an effective tim	e, at 12:01 a.m. o	n the earlier	of:
ocument's effective date on the	Department of State's reco	oras.			
an effective date is listed, the date note: If the date inserted in this	nust be specific and cannot be p block does not meet the ap	orior to date of filing or more plicable statutory filing re	than 90 days after filing.)	Pursuant to 605.02 fill not be listed	207 (as t
fective date, if other than t	he date of filing:		(optional)		
			- - ·		
					

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Filing Fee: \$25.00