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EXAMINER



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10 OCT -1 PHIZ: 07
SECRETARY OF STATE
ALLAHASSEF FIGURE

COVER LETTER

FO: Registration Section Division of Corporations					
SUBJECT: 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:					
Jason R. Hous Name of Person					
Hays "Lic"					
5485 RUSSULD. Address					
Milton Fl 32570 City/State and Zip Code					
Is-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Smolau Haus at (880) 51 6 - 208 6 Name of Person J at (880) 51 6 - 208 6 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}					
MAILING ADDRESS: STREET/COURIER ADDRESS: Pagintention Section Pagintention Section					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYS'II(
(Name of the Limited Liabilit (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability of Florida document number <u>LO4000179</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	AL S	
		TAR ASS	
Enter new mailing address, if applicable:		<u>m</u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		TAII ORM	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Willian Henry Robinson	5152 Bodega Dr. Milbo Fl 32583	i∑ Add Remove
			Add Remove
			Add Remove
			Add Remove
Ja 1000 -			Add Remove
			Add Remove
D. If ame	nding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	
-			- -
Dated S	aptomber 29, 2019	7	-
Suica _S	Signature of a meanter o	r authorized representative of a member	
	Sunday L. Typed of	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00