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COVER LETTER

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TO: Registration Se Division of Cor			•
	HAY LLC		·
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub- indence concerning this matter		
	WESLEY B. HAY		
		Name of Person	
	HOUSE OF HAY LLC		
		Firm/Company	
	52 RILEY RD STE 374		
		Address	_ <u></u>
	CELEBRATION, FL. 347	47	
		City/State and Zip Code	
	w@hofh.co	to be used for future annual report notifies	
For further information of	oncerning this matter, please c		ution)
WESLEY B. HAY		407 749-0789	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\int \text{S60.00 Filing Fee.}\\ Certificate of Status & Certified Copy (additional copy is enclosed)
		6	

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

2020 NC 31 TH 9: 41

HOUSE OF HAY 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 vi Florida document number	were filed on .	07/07/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
HOUSE OF HAY PLLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	e designation "LL	C" 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 a agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:	F	lorida street addr	
	City	, F	loridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	Citi		esp Cons
			e e e e e e e e e e e e e e e e e e e
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for i	of my duties, o n Chapter 605	and I am familiar with and , F.S. Or, if this document is
If Chan	ging 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

AMBR = Authorized Member			2329 AUG 3 J	£ 1 9: i. i	
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ord specifies a delayed effective dat filed.	e, but not an effective time, at 12:01 a.i	m, on the earlier of: (b) The 90th day aft	ter the
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date inserted in this block of effective date on the Depart sifies a delayed effective dat	loes not meet the applicable statutory fi ment of State's records.	iting requirements, this date will not be list the second of the second	sted as the

Filing Fee: \$25.00

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