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MAR 25 2011

**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE, FLORID,

# **COVER LETTER**

ΓΟ: Registration Section Division of Corporations 4
SUBJECT: R. HAYDEN & ASSOCIATES, LLC  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:
Reberch Happens Name of Person
(INDEPENDENT) Firm/Company
4080 3 PO AVENUE SW Address
MAPLES FL 34119 City/State and Zip Code
Your naple Sreatfor agmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RESECCA HAYDEN at (239 340-3302  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \\ \text{(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

	AND ASSOCIA		
( <u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Cor	npany)	corus.)
The Articles of Organization for this Limited Liability	Company were filed	on <u>8/25/4</u>	2009 and assigned
Florida document number <u>L090000 8200</u>	<u>97</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability comp	any here:	
Reserve	A HAYDEN,	LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability	Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		AME	75
(Principal office address MUST BE A STREET ADL	ORESS)	· <u></u>	
•			HAR 2
	_		SEE I
Enter new mailing address, if applicable:	$\Delta a$	ME	
(Mailing address MAY BE A POST OFFICE BOX)			ORIGINAL DE LA COMPANIA DE LA COMPAN
B. If amending the registered agent and/or regi		ss on our record	s, enter the name of the new
Name of New Registered Agent:	JA (Re	BEECA HAY	(DON)
New Registered Office Address:	V/A		
	,	Enter Florida	street address
		, F	lorida
	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 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		
			Add Remove		
			Add Remove 		
			Add Remove		
<del></del>	<del></del>		Add Remove		
			□Add □Remove		
			Add Remove		
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_		
	NA		_		
Dated	MARCH 21 , 2	<u>00//</u> .	_		
	Rese	ber or authorized representative of a member  CCA HAYDEN  med or printed name of signee			

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Filing Fee: \$25.00