## L10 000 129321

(Request	or's Name)	
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(City/Stat	e/Zip/Phone #)	
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
HAYESVII	LLE LLC		
SUBJECT:		is all takilin Camana	<del></del>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	HENRY W. STEVENS. J	₹.	
		Name of Person	
		Firm/Company	
	845 N. MILITARY TRAII	_	
		Address	
	WEST PALM BEACH, 33	3415	
		City/State and Zip Code	
	aim4best_mas@yahoo.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please ea	all:	
HENRY W. STEVENS.	JR.	561 707-8862	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres		Street Address:	
Registration S  Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYESVILLE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L10000129321	were filed on 12/22/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		20
		76 D
		: B <u>T</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		로 그
APPENDING WARES WITH DE THOUSE OF FIELD BOXY		
		£"
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
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 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>	<u>Name</u>	Address	Type of Action
MGR	ANNA MARIE YESKEY	3811 WOODS WALK BLVD, LAKE WORTH, FL	<b>=</b> Add
			□Remove
			□Change
MGR	SOPHIA E. SANSO	3893 BARBERRY DR, WELLINGTON, FL	<b>≣</b> Add
			[ Remove
			□Change
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ective date, if other tha	an the date of filing	:		(optional)	ı
reffective date is listed, the d	ate must be specific and	cannot be prior to da	te of filing or more tha	n 90 days after filing	.) Pursuant to 605.020
cument's effective date on					
cord specifies a delayed e	effective date, but not	an effective time.	at 12:01 a.m. on the	earlier of: (b) T	ne 90th day after th
s filed.				,	•
DECEMBER 03		2020		_	
.cu	<del></del> ,	<del></del>	/ ~		

Typed or printed name of signee