

L11000096707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

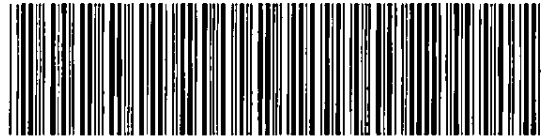
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400415207984

09/13/23--01009--011 **25.00

2023 SEP 13 AM 11:35

cf 9/26/2023

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: HAYTER LANE, 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:

JOSEPH T. DICESARE

Name of Person

Firm/Company

6922 HAYTER LANE

Address

LAKELAND, FLORIDA 33813

City/State and Zip Code

jdicesare@fhsdoors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH DICESARE

Name of Person

at (863)

Area Code

581-3088

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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

HAYTER LANE, LLC

2023 SEP 13 AM 11:35

(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 were filed on 08/23/2011 and assigned
Florida document number L11000096707

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6922 HAYTER LANE

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FLORIDA 33813

Enter new mailing address, if applicable:

6922 HAYTER LANE

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND, FLORIDA 33813

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CYNTHIA THOMPSON

New Registered Office Address:

2571 STATE ROAD 60 W

Enter Florida street address

BARTOW

, Florida

33830

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.

DocuSigned by:

Cynthia Thompson

B27ACD9DASCO485

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 7

2028
A168B7B76EB24F2

Signature of a member or authorized representative of a member

JOSEPH T. DICESARE

Typed or printed name of signee

Filing Fee: \$25.00