## 112000131992

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800339865998

02/13/20--01016--010 \*\*25.00



SMOW

MAR 0 7 2020

## **COVER LETTER**

TO: Registration Se Division of Cor			
Hayden Ho	using LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		_	
	Duane Hayden		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Duane Hayden			<del></del>
	Hayden Housing LLC		
		Firm/Company	
	2239 Tioga Dr.		
		Address	
	Land O Lakes, FL 34639		
			ication)
For further information e			·
Duane Hayden		813 446-7623	
Name o	t Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration S		Street Address: Registration Sec	rtion
Division of C		Division of Cort	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Hayden Housing LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on 10/17/2012	and assigned
Florida document number L17000263470		
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 the abbreviatio L.C."
Enter new principal offices address, if applicable:	2239 Tioga Drive	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Land O Lakes, FL 34639	
		. ω
Enter new mailing address, if applicable:	2239 Tioga Drive	0
(Mailing address MAY BE A POST OFFICE BOX)	Land O Lakes, FL 34639	
B. If amending the registered agent and/or registered office:	address on our records, enter t	he name of the new registere
agent and/or the new registered office address here:	address on our records, enter t	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
		rida
	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	Duane Hayden		🗆 Add
			□Remove
		2239 Tioga Drive, Land O Lakes, Fl. 34639	
AMBR	Julie Hayden		□Add
		<del></del>	□ Remove
		2239 Tioga Drive, Land O Lakes, Fl. 34629	
			□Add
		,	DRe∰ove
			3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			□Change
			□Add
			Remove
			[]Change
			□Add
			⊡Remove
			□Change

				<del></del>
			202 ≥∈	
			2020 FEB	
			·	
			<u> </u>	
			An Ci	<u> </u>
			F. A.	-
			in .	
				<del></del> -
fective date, if other than the	date of filing:	(	(optional)	
n effective date is listed, the date mu	st be specific and cannot be prior to dat lock does not meet the applicable s	e of filing or more than 90 days	s after filing.) Pursuant to	605.020° listed as
cument's effective date on the I	epartment of State's records.	, managar quan emen		
ecord specifies a delayed effecti is filed.	ve date, but not an effective time, a	it 12:01 a.m. on the earlier	of: (b) The 90th day a	ifter the
02/10	2020			
ted				
ted	Duas H	ista.		

Filing Fee: \$25.00