L15000116715

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COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration S Division of Co			
011B 112	Hayes Far	nily Rentals, LLC		
SUBJEC	۱: <u></u>	Name of Limi	ited Liability Company	····
The encl	losed Articles e	of Amendment and fee(s) are subj	mitted for filing.	
		ondence concerning this matter		
		Christopher Hayes		
			Name of Person	
		Hayes Family Rentals, LLC	3	
			Firm/Company	
		516 Patricia Ave.		
			Address	
		Dunedin, FL 34698		
			City/State and Zip Code	
		chirocouple@hotmail.com	to be used for future annual report r	otification)
For furth	ner information	concerning this matter, please ca		
Diane S	choeffel-Hayes	;	219 669-9110	
	Name	of Person	at () Area Code Day	time Telephone Number
Enclosed	d is a check for	the 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 Addr Registration		Street Address Registration	
		Corporations	Division of C	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hayes Family Rentals, 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 were filed on $\frac{7-7-2015}{1}$ ____ and assigned Florida document number <u>L15000116715</u> 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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
AMBR	Diane Schoeffel-Hayes	516 Patricia Ave.	□Add
		Dunedin, FL 34698	Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
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		Christopher Hay									

Filing Fee: \$25.00