

L160000035819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

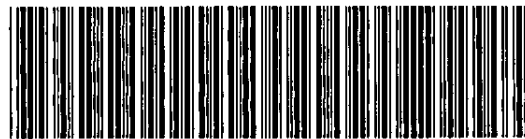
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Not Avail

Office Use Only



100295531521

02/22/17--01025--012 **25.00

2017 MAR - 2 PM 2:17
MAR - 2 2017

M. MILLIGAN
MAR - 2 2017

LILE & HAYES

ATTORNEYS AND COUNSELLORS AT LAW

Laird A. Lile, Esq.
LLile@Lile-Hayes.com
*Board Certified Attorney in
Wills, Trusts & Estates Law
Fellow of American College
of Trust and Estate Counsel*

3033 Riviera Drive, Suite 104
Naples, Florida 34103

Telephone 239.649.7778
Facsimile 239.649.7780

M. Travis Hayes, Esq.
THayes@Lile-Hayes.com
*Master of Laws in Estate Planning
Executive Council of the Real
Property, Probate & Trust Law
Section of The Florida Bar*

March 2, 2017

Via E-Mail

Michelle Milligan
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Lile & Hayes, PLLC
Florida Document No. L16000035819

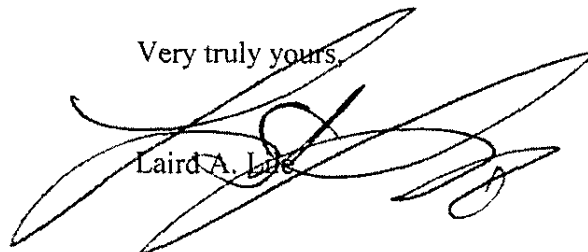
Dear Ms. Milligan:

I, Laird A. Lile, do hereby certify that I am the authorized person of Laird A. Lile, P.A. a Florida profit corporation with a document number of P96000045563. Further, I am also the authorized person of Lile & Hayes, PLLC a Florida professional limited liability company with a document number of L16000035819.

I would now like to amend the name of Lile & Hayes, PLLC to Laird A. Lile, PLLC. As the authorized person of Laird A. Lile, P.A., I hereby consent to the use of the name Laird A. Lile, PLLC.

Thank you for your assistance.

Very truly yours,


Laird A. Lile

2017 MAR -2 PM 2:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Life & Hayes, PLLC

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:

Laird A. Lile

Name of Person

Laird A. Lile, PLLC

Firm/Company

3033 Riviera Drive #104

Address

Naples, FL 34103

City/State and Zip Code

LLile@LairdALile.com

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

For further information concerning this matter, please call:

Laird A. Lile

239

649.7778

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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**

Lile & Hayes, PLLC

(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 February 19 2016 and assigned
Florida document number L16000035819.

This amendment is submitted to amend the following:

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

Laird A. Lile, PLLC

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:

(Mailing 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

City

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
Mgr	M. Travis Hayes	3033 Riviera Drive #104, Naples, FL 34103	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

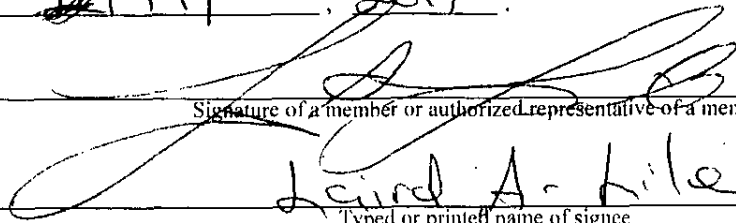
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments.

E. Effective date, if other than the date of filing: February 20, 2017 (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 12/19/, 2017.


Signature of a member or authorized representative of a member
Laird A. Hile
Typed or printed name of signee

2017 MAR -2 PM 2:17