LITCC 256533

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
erin i		OOD & HAYWOOD, LLC		
SOBI	IECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleaso	e return all correspoi	ndence concerning this matter	to the following:	
		KEITH HAYWOOD		
			Name of Person	
			Firm/Company	
		5675 DUVALL STREET		
			Address	
		PENSACOLA, FLORIDA	32503	
			City/State and Zip Code	
		KEITH@FLOORCITYUSA		
For ti	urther information of	n-man address: (i oncerning this matter, please ca	to be used for future annual report not	incation)
	TH HAYWOOD	onvoluing and including process	850 494-9111 at ()	
	Name of	l Person	Area Code Daytin	ne Telephone Number
Enclo	osed is a check for th	ne following amount:		
□ S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

HAYWOOD & HAYWOOD, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on DECEMBER 15, 2017	and assigned
Florida document number L17000256533		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
HAYWOOD & HAYWOOD ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>	·
Enter new mailing address, if applicable:		1 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
-		3 O
		<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Neglstered 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>	Name	Address	Type of Action
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			☐ Change
			□ Remove
			☐ Change
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Effective Fan effectiv	date, if other that we date is listed, the da	n the date of the must be specificated	filing: ic and can	not be prior t	o date of fil	ing or more	than 90 days	ptional) after filing	.) Pursuant	to 605.	0207
Note: If t	he date inserted in t 's effective date on	his block does	not meet	the applica	ble statute	ry filing re	quirements	, this date	will not b	oe liste	d as
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Filing Fee: \$25.00