

L18000054351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

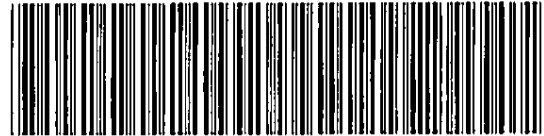
(Business Entity Name)

(Document Number)

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STATE
OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hayes Real Estate Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Connie S. Hayes

Name of Person

Hayes Real Estate Services, LLC

Firm/Company

3508 Imperata Drive

Address

Rockledge FL 32955

City/State and Zip Code

Connie@HayesRES.com

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

For further information concerning this matter, please call:

Connie S. Hayes

Name of Person

at (321) 543-7670

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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>
AMBR	Russell V. Hayes	3508 Imperata Dr Rockledge FL 32955	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
APR 17 12:12 PM
FBI

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

2023 APR 17 PM 12:52
STATE
CL

E. Effective date, if other than the date of filing: 04/12/2023 (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 04/12/2023, _____

Signature of a member or authorized representative of a member

Connie S. Hayes

Typed or printed name of signee

Filing Fee: \$25.00