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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

| TO: Registi Divisio | ation Section n of Corporations |
|------------------------|--|
| D.I SUBJECT: | HAYES HOLDINGS LLC |
| | D.HAYES HOLDINGS LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: DAVID HAYES Name of Person D.HAYES HOLDINGS LLC Firm/Company 20533 BISCAYNE BLVD #812 Address AVENTURA FL 33180 City/State and Zip Code LENNY@RIVERWALKPROPERTIES.NET E-mail address: (to be used for future annual report notification) information concerning this matter. please call: |
| The enclosed Art | icles of Amendment and fee(s) are submitted for filing. |
| Please return all | correspondence concerning this matter to the following: |
| | DAVID HAYES |
| | Name of Person |
| | D.HAYES HOLDINGS LLC |
| | Firm/Company |
| | 20533 BISCAYNE BLVD #812 |
| | Address |
| | AVENTURA FL 33180 |
| | |
| | |
| | |
| For further inforn | ation concerning this matter, please call: |
| DAVID HAYES | 954 696-5157 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed is a chec | k for the following amount: |
| ■ \$25.00 Filing | Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

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

| D.HAYES HOLDINGS LLC | | | | |
|--|--|---|---------------------------|---------------------------------------|
| (Name of the Lin | nited Liability Company (A Florida Limited Liab | as it now appears on or other Company) | ar records.) | |
| The Articles of Organization for this Limited Florida document number L18000122538 | Liability Company wo | ere filed on <u>05/16/20</u> | 018 | _ and assigned |
| 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" aghe abbreviation "LLC" 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: RIVERWALK PROPERTIES LLC | | | | |
| A. If amending name, enter the new name | of the limited liabilit | y company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liability | Company," the designat | ion "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appl | icable: _ | | | 5 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | <u> </u> |
| | _ | | | - 9fAFF - 07AFF |
| | | | | PH ORPO |
| ., | 4- | | | ————————————————————————————————————— |
| (Mailing address MAY BE A POST OF FICE | <u>E BOX)</u> _ | | | 0 10 N |
| registered agent and/or the new registered | office address here: | | records, enter th | e name of the ne |
| New Registered Office Address: | 20533 BISCAYN | E BLVD #812 | | |
| | | Enter Florida stre | ret address | |
| | AVENTURA | | , Florida ³³¹⁸ | <u> </u> |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg | per and complete pe | rformance of my di | ities, and I am fan | illiar with and |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 | LENNY TAYLOR | 20533 BISCAYNE BLVD 812, A | |
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| er than the date of filing: (optional) | ffective date, if other than the | e date of filing: | or to date of filing or more | (optional) than 90 days after filing.) F | ursuant to 60 | |
| 1, the data must be availed and appare he refer to data of filing or more than 90 days after filing) Pursuant to 605 0207. | ote: If the date inserted in this b | lock does not meet the appli | cable statutory filing re | equirements, this date w | ill not be lis | sted as |
| I, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as late on the Department of State's records. | record specifies a delaye The 90th day after the rec | | ot an effective tim | ie, at 12:01 a.m. or | n the earl | lier o |
| a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of | ated | 2018 | | | | |
| ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as late on the Department of State's records. In a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed. | | | | - | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00