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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

N COOPER JUN 11 2018

COVER LETTER

	gistration Secti vision of Corpo				
eup irer.	RJHAYWAR	DINTLLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclose	d Articles of Ar	nendment and fee(s) are sub	nitted for filing.		
Please retur	n all correspond	ence concerning this matter	to the following:		
		RICHARD JAMES HAYV	VARD		
			Name of Person		-
		RJHAYWARDINTLLC			
			Firm/Company		_
		1503 ALBEMARLE CRT			
			Address		-
		DUNEDIN,FL,34698			
			City/State and Zip Code	·	_
		richardhayward@usa.com			
			o be used for future annual repo	ort notification)	
For further	information con	cerning this matter, please ca	ill:		
RICHARD	HAYWARD		727 557-46 at ()		
	Name of P	erson	Area Code	Daytime Telephone Numbe	ir
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 enclose	d) Certifie	ate of Status &

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

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on 5/28/18	and assigned
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
	·	8 - 510
		<u> </u>
		1 報2
Enter new mailing address, if applicable:		ග ුදු
(Mailing address MAY BE A POST OFFICE BOX)		R PC
Training data to Maria De 111 OF 1 OF 110 De 11		8 CORPCRAIGH
		-
B. If amending the registered agent and/or re registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	, Flori	daZip Code
	Cuy	гир Соае

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
MGR	RICHARD J HAYWARD	1503 ALBEMARLE CRT, DUNED IN 39698	🗆 Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			_□ Change
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Note: If the da	, if other than the c is listed, the date mus te inserted in this bl ective date on the D	ock does not m	reet the appli	cable statutory	g or more than 90 filing requirer	(optional) days after filing. nents, this date	Pursuant to 605.0 Will not be liste	.0207 :d as
	ecifies a delayed ay after the rec		ate, but n	ot an effect	ive time, at	12:01 a.m.	on the earlie	er of
Dated JUNE 6) 	2018	—·//				
	42	2 /1/1	///					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00