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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	HAYDEN HAWE Name of Limi	LEALTY, LLC ited Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	<u> </u>	Name of Person			
		AYDEN HAWE REALT	<u> </u>		
	93.	10 OLD KINGS RD. S. #	1702	- ",	
		Address			
		JACKSONVILLE, FL 32	257	;s /	•
		City/State and Zip Code			
	Howree (To be used for future annual report notificat	tion)	€) ;3	
For further information co	oncerning this matter, please co	dl:	••	?3	
ChINTER E	laroeu	at (<u>904</u>) <u>345 - 5</u> Area Code Daytime Te	591		
Name o	f Person	Area Code Daytime To	dephone Number		
Enclosed is a check for th	ne 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)		
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAYDEN A	HAWK LEARSY, 4	uc	
(Name of the Limited Liability C (A Florida Li	Company as it now appears imited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number		6/4/18	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company her	<u>re</u> ;	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		F 7
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
		· <u>-</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	City	, Florida	Zip Code
	vanj.		,

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 Address Type of Action **Title** <u>Name</u> BRIAN GABREE 9310 OLD KINGS RD. S. #1820 Add _□ Add □ Remove ☐ Change _□ Add □ Remove Change, _□ Remove _□ Change \square Add ☐ Remove __ Change _□ Add ☐ Remove _□ Change

			
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ective date, if other than the date effective date is listed, the date must be specified in this block dument's effective date on the Depart	pecific and cannot be pride to da loes not meet the applicable	te of filing or more than 90 days after	ional) r filing.) Pursuant to 605,0 is date will not be listed
record specifies a delayed efformers and in the record in	ective date, but not ar is filed.	effective time, at 12:01	a.m. on the earlier
ed NWENBER	5TH . 2018 .		
	WY/ Klaud	Trepresentative of a member	

Page 3 of 3

Filing Fee: \$25.00