L18000192659

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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

TO:	Registration So Division of Cor			
SUBJE	Haynes Pi	rogram Source LLC		
SUBJEA	ψ1; <u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michelle Haynes		
		Haynes Program Source	Name of Person	
		1009 NW 62ND Avenue	Firm/Company	
		Margate, FL 33063	Address	
		mhaynes@haynesprogra	City/State and Zip Code msource.com	
For fact	ver information c	E-mail address: (to be used for future annual report notified.	lication)
	e Haynes	oncerning this matter, prease of	954 933-2071	
		f Person	at ()	e Telephone Number
Enclosed	d is a check for t	he 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haynes Program Source LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 8/13/2018	and assigned
lorida document number L18000192659		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
e new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbrevia **LEC."
nter new principal offices address, if applicable:		W SE
rincipal office address MUST BE A STREET ADL	ORESS)	12
		≥ 0.7 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0 (1.0
nter new mailing address, if applicable:		# A
• • •		<u></u> <u></u>
lailing address MAY BE A POST OFFICE BOX)	 	
The state of the s		
If amending the registered agent and/or reg sistered agent and/or the new registered office ad		enter the name of the r
Name of New Registered Agent:		
Thank of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter r torida street address	
	, Flori	ida Zip Code
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Michelle Haynes	1009 NW 62ND Avenue Margate, FL 33063	Add
			Remove
			Add
			Remove
			Change
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			Remove
			☐ Change
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(ontional)		on the first the data must be engoing and copport be prior to date	of filing or more than 90 days after filing.) Pursuant to 605.
tive date, if other than the date of filing:(optional) fective 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 60	date, if the date must be specific and capport be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	If the date inserted in this block does not meet the applicable sl	tatutory filing requirements, this date will not be riste
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ffective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records. Ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the day after the record is filed.	·	

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Typed or printed name of signee

Filing Fee: \$25.00