## LE1000296750

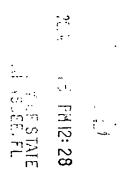
| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|                                         |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|                                         |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|                                         |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|                                         |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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13. HUNT 07/15/21

## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration S<br>Division of Co          |                                              |                                                                           |                   |                 |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-------------------|-----------------|
|                                               | BOBCAT & GROUNDS SERV                        | /ICES LLC                                                                 |                   |                 |
| SUBJECT:                                      | Name of Lin                                  | nited Liability Company                                                   |                   |                 |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | omitted for filing.                                                       |                   |                 |
| Please return all correspondent               | ondence concerning this matter               | to the following:                                                         |                   |                 |
|                                               | Sarah Gilliard                               |                                                                           |                   |                 |
|                                               |                                              | Name of Person                                                            |                   | <b></b>         |
|                                               | Haygill Ventures LLC                         |                                                                           |                   |                 |
| Firm/Company                                  |                                              |                                                                           |                   |                 |
|                                               | 23781 Hwy 27, Suite 130                      |                                                                           |                   |                 |
|                                               |                                              | Address                                                                   |                   | _               |
|                                               | Lake Wales, FL 33859                         |                                                                           |                   |                 |
|                                               |                                              | City/State and Zip Code                                                   |                   | <del>-</del> ·  |
|                                               | slhgbills@gmail.com                          |                                                                           |                   |                 |
|                                               | E-mail address: (                            | to be used for future annual report notif                                 |                   | ບາີ             |
| For further information of                    | concerning this matter, please co            | all:                                                                      | :                 | PM I2: 28       |
| Sarah Gilliard                                |                                              | 863 877-8684                                                              | r                 | 28<br>ATE       |
| Name o                                        | of Person                                    | at ()                                                                     | : Telephone Numbe | <u></u><br>er   |
| Enclosed is a check for t                     | he following amount:                         |                                                                           |                   |                 |
| □ \$25.00 Filing Fee                          | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Certifie          | ate of Status & |
| Mailing Addres                                |                                              | Street Address:<br>Registration Sec                                       | tion              |                 |
| Registration Section Division of Corporations |                                              | Division of Corp                                                          |                   |                 |
| P.O. Box 6327                                 |                                              | The Centre of Ta                                                          |                   |                 |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| E AND S BOBCAT & GROUNDS SERVICES LLC                                                                                                   |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (Name of the Limited Liability Company as it n<br>(A Florida Limited Liability C                                                        | ow appears on our records.)<br>ompany)                   |
| The Articles of Organization for this Limited Liability Company were fill-florida document number $\frac{L21000296780}{L21000296780}$ . | ed on 06/28/2021 and assigned                            |
| This amendment is submitted to amend the following:                                                                                     |                                                          |
| A. If amending name, enter the new name of the limited liability con                                                                    | <u>ipany here</u> :                                      |
| Haygilf Ventures LLC                                                                                                                    |                                                          |
| The new name must be distinguishable and contain the words "Limited Liability Compa                                                     | nny," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                                                     |                                                          |
| Principal office address MUST BE A STREET ADDRESS)                                                                                      | (C)                                                      |
|                                                                                                                                         |                                                          |
| Enter new mailing address, if applicable:                                                                                               |                                                          |
| Mailing address MAY BE A POST OFFICE BOX)                                                                                               |                                                          |
| <del></del>                                                                                                                             | <u> </u>                                                 |
| 3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:               | on our records, <u>enter the name of the new regist</u>  |
| Name of New Registered Agent:                                                                                                           |                                                          |
| New Registered Office Address:                                                                                                          |                                                          |
|                                                                                                                                         | Enter Florida street address                             |
|                                                                                                                                         | , Florida                                                |
| 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 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 |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: Effective date, if other than the date of filing: (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 July 10 Signature of a member or authorized representative of a member Sarah Gilliard

The Page of

Typed or printed name of signee