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7/16/24

COVER LETTER

TO: Registration S Division of Co			•
	inting, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lisa Hayden		
		Name of Person	
	Hayden Painting, LLC		
		Firm/Company	
	2016 Diplomat Dr		
		Address	
	Clearwater, FL 33764		
	LHayden00@yahoo.com	City/State and Zip Code	
		to be used for future annual report notification)	
For further information	concerning this matter, please c	all;	
Lisa Hayden		727 4399003 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy)	l'Status & Dy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hayden Painting, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 6/17/2024	and assigned
lorida document number L24000273582		
	_ '	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	2. 112.122. O	NO 1 11 12 10 1 21 10
he new name must be distinguishable and contain the words "Limi	ited Liability Company, the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres).S
	, Fl	orida
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Lisa Hayden		□Add
		2016 Diplomat Dr. Clearwater FL 33764	■Remove
			□Change
AMBR	Gregory Hayden	2016 Diplomat Dr. Clearwater FL 33764	= Add
			□Remove
			□Change
		-	□Add
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an effective date is list ote: If the date inse	her than the date of filed, the date must be specific erted in this block does not date on the Department of	and cannot be prior of meet the application	to date of filing or me able statutory filing	(option ore than 90 days after figure requirements, this contact the contact of t	ling.) Pursuant to 605 020
ecord specifies a de is filed.	elayed effective date, but i	not an effective tir	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
June 20		2024			
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