L16000178340

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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DIVISION OF COSTOR ACTOM

JUL 08 2021 R. HUNT

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: TAYLOR	MADE FLOORING AN Name of Lim	ID HANDYMAN SERVICES ited Liability Company	uc
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	TAYLOR	PARKER Name of Person	······································
		Firm/Company	<u> </u>
	620 Apple	gate Rd Address	····
	CHIPLEY, F	1 32428 City/State and Zip Code	
		Taylormade. Sev to be used for future annual report notifi	vices_
For further information co	oncerning this matter, please ca	all:	
BRANDI P	ARKER Person	at (<u>850)</u> 739 - Area Code Daytime	23514 Telephone Number
Enclosed is a check for the	e 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)
<u>Mailing Address</u> Registration S	ection	Street Address: Registration Sect	tion
Division of Co		Division of Corp	
P.O. Box 632 Tallahassee, F		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAYLOR MADE FLOORING AND HANDYMAN SERVICES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on Ob 01 2018 and assign	ned
Florida document number L16000178340		
Florida document number	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
TAYLOR MADE CONSTRUCT		
The new name must be distinguishable and contain the words "Lir	imited Liability Company." the designation "LLC" or the abbreviation "L.L.C	2."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADD	ORESS)	<u>₩</u>
		<u> </u>
	2	<u> </u>
	ω 	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	07	7 XI X
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office address on our records, <u>enter the name of the new r</u> :	registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
Now Degistered Agent's Signature if changing Degisters	rad Agants	

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
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Adđ
			□Remove
			□Change
		□Add	
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(If an effe Note:	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated .	March 17 . 2021.
	Signature of a member or authorized representative of a member

E. C35.00