## Florida Department of State Division of Comporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001215773)))



H230001215773ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

ఆడ్డ్ Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAYLORED FRANCHISING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

13 MAR 31 PM 3: 16

- IL EL

Electronic Filing Menu

Corporate Filing Menu

Help MAR 3 1 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Taylored Franchising 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 03/01/22 and assigned Florida document number <u>L2</u>2000106516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	Address	Type of Action
AMBR	Mark Taylor	144 Lake Rd.	<b>X</b> ]Add
		Basking Ridge NJ 07920	
			Change
***************************************		<del></del>	
			[]Remove
			Change
			Remove
			Change
			□Add
			Remove
			[_]Change
	<del></del>		[]Add
			Remove
			Change
<del></del>			Add
			Remove
			Change

				· -			_
						<u></u>	_
_				_			_
	· · · · · · · · · · · · · · · · · · ·						_
							_
			<u>.</u>				_
							<del>_</del>
							_
							_
		··· · · · · · · · · · · · · · · ·					
							_
		-					_
							<b></b>
lote: If t	date, if other than ve date is listed, the dat he date inserted in thi 's effective date on th	s block does n	ot meet the appl	icable statutory fi	or more than 90 day ling requirements, 1	otional) rs after filing.) Pursuant his date will not be li	to 605.0207 ( sted as the
record sp Lis filed.	pecifies a delayedeffe	ctive date, but	not an effective	time, at 12:01 a.n	n. on the earlier of:	(b) The 90th day af	ter the
ated_	March 31		2023	3			
	Nat	Sm	ith	·			

Filing Fee: \$25.00

Typed or printed name of signee