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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/01/18--01012--001 **25.00



J. LEGGETT JUN 01 2018

COVER LETTER

SUBJECT:	TAYLOR MAD.	& FOR YOLL LLC	<u>:</u>
	Name of Lim	ited Liability Company	
		_	
, tours of the first terms of th	-	•	
	Certificate of Status Certified Copy Certificate of Status & Gadditional copy is enclosed) Certified Copy		
		Firm/Company	
	1507 6	enineu Rd	
		. route	
	c-hip.	City/State and Zin Code	?
	E-man address: (to be used for future water report noti	ication)
For further information c	concerning this matter, please co	all:	
Named	glose Poullinger	at (<u> </u>	0 - 266 4 e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAILOR 1	MAde	for-	YA 11		
(<u>Name of the Limited Lighility Compar</u> (A Florida Limited L	ny as it now ap iability Compa	pears on on on on on on on on on one on one on one one	our records.)	CANNUA	1 report
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	09	23/16	and assi	gned 4/16/18
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	Flookin	y here:	id handy	MANNE	<u> </u>
The new name must be distinguishable and contain the words "Limited Liabili	ity Company, A	ote designa	ation "LLLC" or the	abbreviation "L.L	C.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					<u>.</u>
Enter new mailing address, if applicable:				•••	<u>.</u>
	-				
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>			
					- <u>-</u>
B. If amending the registered agent and/or registered of	fice address	an au	· records ente	r the name of	•
registered agent and/or the new registered office address here	2	, (11 (14)	records, ence	% £	-
Name of New Registered Agent:					
New Registered Office Address:	······	. Elavida e	reet address		
	Enter	- r toriaa st	reei aaaress		
			, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	date of filing or le statutory fil	(o more than 90 days ing requirements.	optional) after filing.) Pursua	nt to 605.0. t be listed
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record specifies a delayed effective date, but not a The 90th day after the record is filed.	an enective	: ume, at 12:0	or a.m. on the	: earner
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Page 3 of 3

Filing Fee: \$25.00