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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Taylor I POWTICS DE Santord LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mar Taylor Name of Person
Man Taylor Name of Person Taylor Prop. of Sautoral LLC Firm/Company 3478. S. French Ave Address
2408. S French Ave
City/State and Zip.Code City/State and Zip.Code Comcast-net E-mail add ess: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Taylor at 4D7 4D2-1566 Name of Person at Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T. 10-50

10ml K. Laylor		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company velocida document number <u>LD4DDDDDBkgg</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	were filed on <u>1 - 1ス- スぴ</u>	and assigned
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	<u>De Bary</u>	ISC BIVA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		LOAI A IS
Name of New Registered Agent: YY Q	Lrk A. Tayl	<i>VI</i> –
New Registered Office Address:	Enter Florida street address	
	, Floric	laZip 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>	<u>Name</u>	Address	Type of Action
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date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as in the Department of State's records. effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ocument's effe	s a delayed e	nective date. o									
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