L04 00000 3712

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

A. RIVERS



500375445535

10/28/21--01016--013 **60.00



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Taylor Properties of Orange City, LLC. |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pobert J Taylor Name of Person |
| Taylor Properties of Orange City, LLC |
| 1695 S. Volusia Ave. |
| Drange City FL. 32763 City/State and Zip Code |
| bigttire & 32763 @ Vahoo. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Wrist Taylor at (407), 790 - 9645 Name of Person at (407) Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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

| | lor Sr. |
|---|--|
| (Name of the Limited Liability Compar (A Florida Limited L | |
| The Articles of Organization for this Limited Liability Company | were filed on $1-12-2004$ and assigned |
| Florida document number <u>L04600003712</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| he new name must be distinguishable and contain the words "Limited Liabili | ity 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) | 890 Twisted Pine Dr. New Smyrna Beach, FL. 32168 |
| 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, enter the name of the new registered |
| Name of New Registered Agent: Poly | sert J. Taylor |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent and agreent or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. Or, if this document is |

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 |
|--------------|---------------|---|--------------------|
| m G R | Kristi Taylor | 890 Twisted Pine 1 New Smyrna Bah, Fl. 3 | <u>>r.</u> ⊻Add |
| | | New Smyrna Bah, Fl. 3 | 2168 □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | <u></u> | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | <u></u> | ⊡Change |

| i amen | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------------------------|---|
| | |
| | |
| _ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| f an effect Note: If | date, if other than the date of filing: $8-11-2021$ (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records. |
| e record s ed is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the . |
| Dated | 10-25 Signature of a member or authorized representative of a member |
| | Diback T Tailor |