## 104000017969

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<u></u>
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:		OR INSURANCE AND FINANC	CIAL SERVICES LLC	
SUBJECT.		Name of Limit	red Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ondence concerning this matter to	o the following:	
		TOUSANT TAYLOR		
		TLTAYLOR INSURANCE	Name of Person  AND FINANCIAL SERVICES L	LC
		9746 SW 184TH ST	Firm/Company	
		CUTLER BAY FL 33157	Address	
		Gity/State and Zip Code TOUSANT@TRENDING-TECH.COM		
		E-mail address: (to	be used for future annual report notifi	cation)
For further in	nformation c	concerning this matter, please cal	II:	
TOUSANT	TAYLOR		305 786-426-3082	:
Name of Person			Telephone Number	
Enclosed is a	a check for t	he following amount:		
■ \$25,00 F	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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions iter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLTAYLOR INSURANCE AND FINANCIAL SERVICES LLC

( <u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears of ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Florida document number L04000017969	Company were filed on 03/08	/2004 an	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	:	
TAYLOR COLLECTIVE GROUP LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the desi	gnation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
			6
		ŕ	
Enter new mailing address, if applicable:			3
(Mailing address MAY BE A POST OFFICE BOX)		_	1
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac  Name of New Registered Agent:  New Registered Office Address:	• •	ur records, <u>enter the na</u>	ame of the
New Registered Office Address.	Enter Florida	i street address	
		. Florida	
	City	Zip (	Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of magent as provided for in Chared office address, I hereby	y duties, and I am familia apter 605, F.S. Or, if this	r with and document is ability
	Ti Changing registered Agen	a continue of the section	

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Remove
			Change
			☐ Remove
		<del></del>	Change
			Add
			☐ Remove

D. If amending any other	r information, enter cha	ange(s) here:	(Attach addition	al sheets, if neces	sary.)	
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Note: If the date inserte	than the date of filing: the date must be specific and ed in this block does not me e on the Department of Sta	annot be prior to			ling.) Pursuant to 605	
If the record specifies a (b) The 90th day after		ite, but not	an effective tin	ne, at 12:01 a.	m. on the earli	er of:
Dated MAY 23		2019				
	44		_ `			
	• 1	ember or author	ized representative of	f a member		
TOUSANT T	AYLOR					
	ı	Typed or printed	name of signee			

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Filing Fee: \$25.00