# NO4000021705

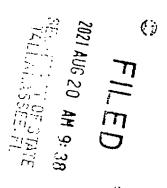
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## **COVER LETTER**

Division of Corporations
SUBJECT: Stephen A. Taylor Wealth Management, CCC 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:
Stephen A. Taylor Name of Person
Stephen A. Taylor Wealth Managerrent
Melele 79th Street Caveway, #501
Worth Buy VIII GU FC 35/16/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Tous (305) 722-009   Name of Person   Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$30.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

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

Stephen A- laylor	Wealth Managere	ent, UC
(A)	iability Company as it now appears on our recordorida Limited Liability Company)	<u>us.</u> )
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{3/19/\lambda}{}$	and assigned
Florida document number <u>L 04000 2170</u>	<u> </u>	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	WEALTH. LL	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		AUG TI
Enter new mailing address, if applicable:		2 F
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		56 38 38 3 3 S
B. If amending the registered agent and/or regisagent and/or the new registered office address h		r the name of the new registered
	<del>_</del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
<u>-</u>	,	lorida
	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, 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>	<u>Address</u>	Type of Action
			□Add
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Effectiv fan effec	e date, if other than the date of filing:
Note: If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
	·
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed	1 //
Dated _	August 16 / 20dl
	A+1100 / 1/2 / 3
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00