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### **COVER LETTER**

Registration Section Division of Corporations

3 4 62 C1/43	AS-BURTON-TAYLOR INTER	RNATIONAL CONSULTING LLC	
AIDC 1.	Name of Lin	ited Liability Company	
: enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
ase return all corresp	oondence concerning this matter	to the following:	
	Douglas B Taylor		
		Name of Person	<del></del>
	douglasbtaylor Internation	onal Consulting LLC	
		Firm/Company	
	113 Asti Ct		
		Address	· <del></del>
	North Venice, FL 3427	5	
	douglasbtaylor@hotmail.	City/State and Zip Code	
		to be used for future annual report notif	fication)
or further information	concerning this matter, please of	all:	
Jouglas B Taylor		941 421-8755	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
<b>≡</b> \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy taddnional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Sec	ction

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

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



2019 E- : - 2 PH 3: 12

### DOUGLAS-BURTON-TAYLOR INTERNATIONAL CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

: Articles of Organization for this Limited Liability Company	were filed on April 3, 4	and assigned
rida document number L060000034748		
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
uglasbtaylor International Consulting LLC		
new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if applicable:	113 Asti Ct	
rincipal office address MUST BE A STREET ADDRESS)	North Venice, FL 3	4275
nter new mailing address, if applicable:	113 Asti Ct	
Mailing address MAY BE A POST OFFICE BOX)	North Venice, FL 3	4275
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	ant addenus
<del></del>	City	, Florida
		z.ip Code
ew Registered Agent's Signature, if changing Registered Agent:	•	
hereby accept the appointment as registered agent and agreations of all statutes relative to the proper and complete except the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my deprovided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = Manager

1.	Manager	
BR =	Authorized	Member

<u>e</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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