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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
MAR 1 3 2009
EXAMINER

COVER LETTER

TO:

TO:	Registration Division of	n Section : Corporations	•	
SUBJE	_{CT:} Tayj	oley Interiors LLC		
			nited Liability Company)	,
		•	•	
The en	closed Article	s of Amendment and fee(s) are sul	bmitted for filing.	
Please	return all com	espondence concerning this matter	r to the following:	
		Bill Stone	(Name of Person)	
			(Name of Person)	
		Tayjoley Interiors		
			(Firm/Company)	
		1130 Rush ST		_
			(Address)	
		Celebration Fl. 34747		
			(City/State and Zip Code)	
For fur	ther informat	on concerning this matter, please	call:	
Bill Ste			at (_407) 566-8992	
(Name of Person)		ame of Person)	(Area Code & Daytime Telephone Number)	
		•		
		for the following amount:		_
☑ \$25	5.00 Filing Fe	e □\$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		gistration Section vision of Corporations O. Box 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tayjoley Interiors, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our recorded Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 1/07/08	and assigned
Florida document number L08000002118		
		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	•
ayjoley LLC		
The new name must be distinguishable and end with the words "ILL.C."	Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	- 09 Es
		SIONE AT
		FIL OF C
Enter new mailing address, if applicable:	, '	7 P
Mailing address MAY BE A POST OFFICE BOX		M 75:
B. If amending the registered agent and/or registered	d office address on our records	on of the new
registered agent and/or the new registered office address		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		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 608, 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 Régistered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address **Type of Action** <u>Title</u> <u>Name</u> William Stone MGRM _ Add 910 Beak St. Remove Celebration Fl. 34747 MGRM John Busuttil 910 Beak St. _**∓**[7] Add Celebration Fl. 34747 Remove _ Add Remove Add 🗖 Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Renee Stone

Typed or printed name of signee
Page 2 of 2