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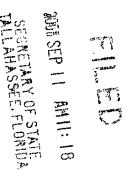
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EXAMINER

COVER LETTER

TO: Registration Section

Division of Co	rporations '					
SUBJECT: Taylor	Consulting and Busi		, , , , , , , = , , , ,		+	
	(Name of Lim	ited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	_				
	Dietra Taylor					
		(Name of Person)				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · ·			
		(Firm/Company)				
	P.O. Box 1601				_	
		(Address)			2008 SEP AM :	
	Apopka, FL 32704	H		空門	SEP	
		(City/State and Zip Code)		388. 784.		
For further information	concerning this matter, please of	all:		10 m	TP.	
				STAT		
Dietra Taylor (Name	of Person)	at (352) 434-5068 (Area Code & Daytime T	elephone Number)	- P ra	ထ	
		•	•			
Enclosed is a check for t	the following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C (additional	of Status & opy		
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taylor Consulting and Business Services, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L08000062500</u> .	any were filed on 6/25/08	_ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
Taylor Consulting and Business Solutions, LLC				
The new name must be distinguishable and end with the words "L.L.C."		SE 188		
Enter new principal offices address, if applicable:	,	A A		
(Principal office address MUST BE A STREET ADDRESS)	2	7 - 1		
	ا ا	fic Tri		
Enter new mailing address, if applicable:		es =		
				
(Mailing address MAY BE A POST OFFICE BOX)		.**		
				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		e name of the new		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(Citv)	(Zin 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 Registered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<u>. </u>			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
	 		Add:
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar)
Dated Septe	mber 3 2008		
Dated Septe	Dietra	Darfe	
	Signature of a member Dietra	Taylor	

Page 2 of 2

Filing Fee: \$25.00