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EXAMINER

COVER LETTER

ŤΟ:	Registration Se Division of Cor			
SUBJ	EGT:	TAUTON KELLY, LLC		
		Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kris Kelly		
			Name of Person	
		TAUTON KELLY, LLC		
			Firm/Company	
		2421 N. 12t		
			Address	7001 17A1
		Pensacola,	FL 32503	EAR & T
	City/State and Zip Code			UN 19 A HASSEE
		krisândmike	@bellsouth.net	SEC P FT
		E-mail address: (to be used for future annual report notification	on) To
For fu	rther information c	oncerning this matter, please of	eall:	ZIOS JUN 19 AH IO: 52 SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Kris Kelly		at (850) 602-5951	•
	Name o	f Person	Area Code & Daytime Te	lephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAUTON KELLY,	LLC		
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.	
The Articles of Organization for this Limited Lia Florida document number		on <u>March 23, 200</u>	9 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	ny here:	
TAUNTON KELLY, LLC			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability	Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble: N/A		
(Principal office address MUST BE A STREE	T ADDRESS)	A L	SE(109)
		3	A E TI
			ARRY 19
Enter new mailing address, if applicable:	N/A	• • • • • • • • • • • • • • • • • • •	
(Mailing address MAY BE A POST OFFICE I	·		FIST O
1774 H. M. C.			25 J
			DIN 10
B. If amending the registered agent and/oregistered agent and/or the new registered of		s on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N/A		····
New Registered Office Address:			
	Enter Florida street address , Florida		
	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 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 <u>Title</u> <u>Name</u> **Address Type of Action** N/A ☐ Add Remove □ Add Remove $\prod Add$ Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 2009 Signature of a member or authorized representative of a member aunton Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00