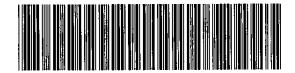
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TAY/OR DROTHER 5 Stycco, LLC 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:
BEVERLY TAYLOR Name of Person TAYLOR BROTHERS Stucco, LLC Firm/Company 7514 CASHE DR. Address SARASOTA, F1 34240 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BEVERIU IAYIOR at (941) 378-7887 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	hers of	ucco, LL		
(Name of the Limit	(A Florida Limited Lia	as it now appears on our rebility Company)	ecords.)	
The Articles of Organization for this Limited L	iability Company w 3 <i>8983</i>	ere filed on <u>4-22</u>	-09	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of		ty company here:		
NA				
The new name must be distinguishable and contain the w		Company," the designation ${\cal N}{\cal A}$	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applic		<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	NA		
			-	<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of		ce address on our rec	ords, enter the	name of the ne
Name of New Registered Agent:	NA		Total Control	
New Registered Office Address:		Enter Florida street a	3.4.	G J
		Enier rioriaa sireet a		
		City	_, Florida	Zip Code
		···,	•	ap com

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

AMBK = A	utnorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
A <u>MBR</u>	BEVERLY TAYLOR	7514 Castle Dr. Sarasota, FL 34240	_ Add V
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etive date, if other than the date of filing effective date is listed, the date must be specific and If the date inserted in this block does not ment's effective date on the Department of	nd cannot be prio meet the appli	r to date of filin cable statutory	g or more than 90		
ecord specifies a delayed effective e 90th day after the record is filed		ot an effect	ive time, at	12:01 a.m. o	n the ear
April 18	, 2010	<u>,</u> .			
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Page 3 of 3

Filing Fee: \$25.00