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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taylor Education, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel G. Guy

Name of Person

Taylor Education, LLC

Firm/Company

5392 Tower Road

Address

Tallahassee, Florida 32303

City/State and Zip Code

wendy@the-taylorgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. Greg Guy

ູ,850、**445-56**17

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

 Taylor Education, LLC 			—1	~ 1
(<u>Name of the Limited</u>)	Liability Compa Florida Limited I	nv as it now appears on o iability Company)	ur records.)	2
•			> 14 5570	SEG -
The Articles of Organization for this Limited Liability Company were filed on 1-10-11				and assigned
Florida document number L11000003754	·		in-<	ယို
			· · · · · · · · · · · · · · · · · · ·	P [
This amendment is submitted to amend the following:			<u> </u>	= (
A. If amending name, enter the new name of	ED:	CI CI		
-	the minica har	muy company nere:	<u> </u>	01
The Taylor Group, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," tl	e designation "LLC" or the ab	breviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)		_	
Enter new mailing address if applicables		5392 Tower Road	1	
Enter new mailing address, if applicable:		Tallahassee, Florida 32303		
(Mailing address MAY BE A POST OFFICE BOX)		1 31121123366, 1 101	Ida 52507	
B. If amending the registered agent and/o	w mariatawad a	ffine address on our w	ande anter the name of	the new
registered agent and/or the new registered of			corus, enter the name of	пте пем
Name of New Registered Agent:	N/A	•		
New Registered Office Address:		Entar El	orida street address	
		imer i'i	orrad street dadress	
			, 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 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 MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Daniel G. Guy 4619 Willow Way **MGR** Marianna, Florida 32446 James Trawick 5392 Tower Road MGR Tallahassee, Florida 32303 Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
_	
_	
	•
Dated 09	-17-2013
	James At
	Signature of a member or authorized representative of a member
	Daniel G. Guy
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00