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D. **SCOTT** FEB 8 2017

COVER LETTER

Division of Corporations
SUBJECT: Adams Taylor LLC. Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Strang Adams H. Firm/Company
1130 Washington Ave 3rd FL Address
Miami Bch FC 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call: Total Stranger Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number Code & Cod
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*} \text{\$\text{\$\text{Enclosed}} \text{ is a check for the following amount:} \\ \$\$\text{\$\exititt{\$\text{\$\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adams Taylor	UC.
(Name of the Limifed Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>∠///00/0.39/6</u>	Impany were filed on $\frac{4/30/2009}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Eletto Real Estate Com The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	THE THE
New Registered Office Address:	Enter Florida street address
	Enter Florida street address
	City , Florida, Florida

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Add
			Remove
			□ Change
			□ Remove
			Change
			LAHAN CHANGE
			TO Remove
			Remove Change
		 	Add
			□ Remove
			□ Change

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	ALLE T	
	ALC: CE	
n effect te: If	date, if other than the date of filing:	n 02
recor he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the day after the record is filed.	r
ted	1/30 , 2017.	
	Signature of a member of authorized representative of a member	
	thil Strang	

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Filing Fee: \$25.00