L13000104695

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2014 SEP -9 AM 9: 54 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

_{subject:} Jordan Taylor Group, 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:

| Caitlan Sherman |
|--|
| Name of Person |
| Jordan Taylor Group, LLC |
| Firm/Company |
| 450-106 SR-13 #438 |
| Address |
| St. Johns, Florida 32259 |
| City/State and Zip Code |
| seejaysherms@aol.com |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

Caitlan Sherman

...904\.687-4761

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



September 8, 2014

CAITLANSHERMAN 450-106 SR 13 #438 ST. JOHNS, FL 32259

SUBJECT: JORDAN TAYLOR GROUP, LLC

Ref. Number: L13000104695

We have received your document for JORDAN TAYLOR GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the New Registered Agents name and that person must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 914A00019090

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 SEP -9 AM 9: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

| ปordan Taylor Group, LLC | THEATINGSEC, PUMBI |
|---|---|
| (<u>Name of the Limited Liability Comps</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000104695</u> | were filed on July 24, 2013 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 429 Tortoise Trace |
| (Principal office address MUST BE A STREET ADDRESS) | St. Johns, Florida 32259 |
| Enter new mailing address, if applicable: | 450-106 SR 13 #438 |
| (Mailing address MAY BE A POST OFFICE BOX) | St. Johns, Florida 32259 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida 32259 |
| | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|------------------------|----------------|
| MGR | Caitlan Sherman | 450-106 SR 13 N | = Add |
| | | #438 | Remove |
| | | St. Johns, FL 32259 | |
| AMBR | John Wilkerson | 450-106 SR 13 N # | = Add |
| | | #438 | □ Remove |
| | | St. Johns, FL 32259 | |
| MGR | Meldie N. Sherman | 450-106 SR 13N | |
| | • | Jacksonville, FL 32259 | Remove |
| | , | | |
| | | | □ Add |
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| ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department o | of receipt or filed date and cannot be more than 90 days after |
| August 28 | 2014 |
| Meldie of Shehr | |
| | mber or authorized representative of a member |
| Meldie N. Sherman | |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE