L13000 170 a 79

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





800276427788

08/28/15--01012--021 **25.00

2015 AUG 28 PH 1: 08

5EP 0 2 2015 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Taylor's Perfect Pics, 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:
N. Jane Puckett, EA
East Washington Accounting Services
PO Box 100Lo Address
Pierson, FL 32180
City/State and Zip Code Medick; @ bell South. Det E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 749-9010 Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (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

The Articles of Organization for this Limited L Florida document number <u>U300017</u>	iability Company were fi	led on <u>Decembe</u>	r 10, 2013 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	the limited liability co	mpanv here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Comp	party, the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		CO secure
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		28 PH 1: 08
B. If amending the registered agent and registered agent and/or the new registered o	•	ldress on our record	ds, enter the name of the new
Name of New Registered Agent:	Blake	C. Benton	
New Registered Office Address:	360 Mes	Forder Florida street addre	nia Dr
	Orange (City, F	Tlorida 32763 Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:		

If Changing Registered Agent, Signature of New 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 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 **Title** Type of Action <u>Name</u> Address Taylor A. Berton, SR 300 West Gardenia Dr ☐ Change 360 West Gardenia Dr. XAdd Bloke C. Benton ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove □ Change

	-	·											
-													
				-						<u></u>			
													_
			 	-							_		
		<u> </u>											_
						<u>.</u>							
	 	····											<u></u>
an effective of the comment's record	ve date is lis he date ins 's effective	ther than ted, the date serted in this date on the estandard the interest of t	must be spe s block doo e Departm yed effec	ecific and es not ment of St	cannot be eet the ap ate's rec	prior to da pplicable ords.	ite bf filing statutory	or more the	an 90 days uirements	s after fil s, this d	ing.) Purs ate will	not be	listed a
ine 90	ın uay a	iiter the I	ecora is	mea.									
ited <u>V</u>	8/8	10/15		<u>,</u> ,	30	15.				,	TALI	2015	Estate Agent
	\checkmark	Oba	, he	Bec	to						至是	ÁUG	eseme
								entire of a		-	77.7	2	- Italian
			Signati	ure of a m	iember or	authorized	i represen	ative of a	nember		SS(5)	8	

Page 3 of 3

Filing Fee: \$25.00