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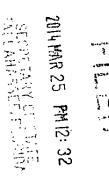
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MAR 28 2014

COVER LETTER

Division of Corp	orations		4.*	, '	
SUBJECT: Taylo	r Jones Finan	cing LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Michael Jan	nes Scott Jr		_	
		Name of Person		•	
	Taylor Jones	S			
		Firm/Company			
	2600 Butter	fly Aly			
	······································	Address		•	
	Crestview, F	FI 32536			
		City/State and Zip Code		2014 HAR Scoret	
	mikescott5@cox			至6 著	- 1
		to be used for future annual	герогі поппсацоп)	ે. ે.ડે.	(2)(30) (7) 30) (
For further information co	oncerning this matter, please c	all:			1
Michael Jar	nes Scott Jr	_{at} 850, 3	051417	15.00 15.00	(
Name of	Person	Area Code	Daytime Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certifica Cosed) Certified	ite of Status &	

MAILING ADDRESS:

TO:

Registration Section

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 Jones Financing LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companication for the Liabilit	y were filed on Feb. 27 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Taylor Jones Financial LLC		
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		20 <u>2</u>
(Mailing address MAY BE A POST OFFICE BOX)		
	·	70
		अंद के ।
B. If amending the registered agent and/or registered	office address on our records, ente	er the name of the ne
registered agent and/or the new registered office address he	ere:	THE REAL PROPERTY.
		्रहाती ५
Name of New Registered Agent:		;, 10
New Registered Office Address:		
TOTAL STORES OF THE STORES OF	Enter Florida street address	
	. Florida	
-, -,-	City , FIORIGA _	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 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 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 = Ms $AMBR = As$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address.	Type of Action
			Add
			□ Remove
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			Remove
	···		□ Add
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Page 3 of 3

Filing Fee: \$25.00

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