

L15000027165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L15 27165

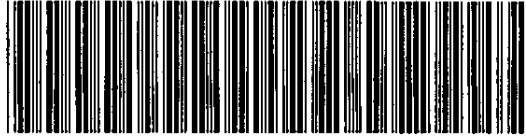
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Lm 3/26/16 11:42  
suffix

Office Use Only



000270251130

000270251130  
03/09/15--01033--009 \*\*55.00

RECEIVED  
FLORIDA  
SECRETARY OF STATE

15 APR 16 AM 9:32

APPROVED  
AND  
FILED

4/16  
[Signature]

St. Cuthbert

MAR 26 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taylor Made Athletics  
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:

Travis Taylor  
Name of Person  
Taylor Made Athletics  
Firm/Company  
575 Oakleaf Plantation Pkwy 616  
Address  
Jacksonville FL 32065  
City/State and Zip Code  
travisltaylor89@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Taylor at ( 904 ) 600-7179  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

15 APR 16 AM 9:32

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2015

TRAVIS TAYLOR  
575 OAKLEAF PLANTATION PKWY 616  
JACKSONVILLE, FL 32065

SUBJECT: TAYLOR MADE ENTERPRISE  
Ref. Number: W15000021502

We have received your document for TAYLOR MADE ENTERPRISE and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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: 915A00006190

RECEIVED BY STATE  
TREASURER  
15 APR 16 AM 9:32

15 APR 16 AM 9:32

APPROVED  
AND  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Taylor Made Athletics Limited Liability Company  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 12, 2015 and assigned Florida document number L15000027165.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Taylor Made Enterprises, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

575 Oakleaf Plantation Pkwy  
616  
Jacksonville FL, 32065

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

575 Oakleaf Plantation Pkwy  
616  
Jacksonville FL, 32065

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

575 Oakleaf Plantation Pkwy 616  
Enter Florida street address  
Jacksonville, Florida 32065  
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 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**

FILED  
15 APR 16 AM 9:32

APPROVED  
AND  
FILED

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Travis Taylor	575 Oakleaf Plantation Pkwy	<input type="checkbox"/> Add
		616	<input type="checkbox"/> Remove
		Jacksonville FL 32065	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 APR 16 AM 9:32  
FILED  
APPROVED  
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 2 2015



Signature of a member or authorized representative of a member

Travis Taylor

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APPROVED  
FILED  
15 APR 16 AM 9:32  
FLORIDA