## 1500109247

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SECRETARY OF STATE TALLAHASSEE, FLOT DA

APR 2.2 2016 S. YOUNG

## **COVER LETTER**

	ision of Cor			
SUBJECT:	TAYLOR &	t TAYLOR REAL ESTATE II	NVESTMENTS, LLC	
SUBJECT:		Name of Limi	ited Liability Company	<del></del>
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Tina Callahan		
			Name of Person	
		Tilley, Callahan, Speiser &	Associates, CPAs	
			Firm/Company	
		4217 Baymeadows Rd Ste	1	15 ALL
			Address	APR AND
		Jacksonville, FL 32217		10 R 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2
			City/State and Zip Code	
		rtaylor@taylorsignco.com  E-mail address: (1	to be used for future annual report notif	_
For further in	nformation co	oncerning this matter, please ca	all:	
Tina Callaha	an, CPA		904 347-2050 at ()	
	Name of	f Person	Area Code Daytimo	e Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$25.00 F	Filing <b>Fee</b>	□ \$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAYLOR & TAYLOR REAL ESTA		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	***************************************
The Articles of Organization for this Limited Lia	ability Company were filed on 06/23/15	and assigned
Florida document number L15000109247	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
	**	三 三年
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the ab	breviation "L.Q.C."
Enter new principal offices address, if applica	ible:	APR 2
(Principal office address MUST BE A STREE)		22
		P
		2
Enter new mailing address if applicables		. 0
<u> </u>	ng address, if applicable:	
(Mailing address MAY BE A POST OFFICE 1		
D. If amending the registered egent and/	or registered office address on our records, enter	the name of the new
registered agent and/or the new registered of		the name of the new
Name of New Registered Agent:		
<del>-</del>		
New Registered Office Address:	Enter Florida street address	
	<del></del>	
	, Florida	Zin 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 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
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		Jacksonville Beach, FL 32250	■ Remove
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ffective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	must be specific s block does no	and cannot be prior of meet the applic	able statutory filin	ore than 90 days afte g requirements, thi	r filing.) Pursuant to 60	5.0207 ted as t
e record specifies a dela The 90th day after the	record is file		ot an effective t	lme, at 12:01	a.m. on the earl	er of:
ated April /	5 TH	2016	••			

Page 3 of 3

Filing Fee: \$25.00