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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	VonTaylor L	LC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Von Davis		
		1	Name of Person	
			Firm/Company	
		37 Royalty Lane	Address	
		Hiram, GA 30141	Audices	
		vontaylorllc@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For further in	formation co	ncerning this matter, please ca	all:	*
Von Davis			305 742-5565 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status  (Let Let Let Let Let Let Let Let Let Let	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	ling Address: distration Sorision of Co D. Box 6327 lahassee, Fl	ection rporations	Street Address: Registration So Division of Co The Centre of T 2415 N. Monro	rportitions

Tallohassee. Til 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VonTaylor LLC

company has been notified in writing of this change.

(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appear pility Company)	s on our reco	<u>rds.</u> )	
The Articles of Organization for this Limited Liz Florida document number 115000135889	ability Company we	ere filed on Au	gust 16,2015		_ and assigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company he	re: //A		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the d	rsignation "LL	.C" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ible:		<del></del>		
Principal office address MUST BE A STREE	(ADDRESS)		<u>!/#</u>	<u></u>	20
Enter new mailing address, if applicable:		37 F	oya/ty	lare.	
Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	HirAM	, GA	36/4/	7 8 5
	- -			72	<u>.</u> σ
B. If amending the registered agent and/or reagent and/or the new registered office address		iress on our re	ecorus, <u>ente</u>	<u>r tne name (</u>	or the new reg
Name of New Registered Agent:	Von Davis		<u> </u>		
New Registered Office Address:	2410 Maple Ave	Enter Flor	ida street addri	occ	
<del></del>			aa sa eer aaar	200	
<del></del>	Sarasota			lorida <u>3423</u> 2	1

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

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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>	Address	Type of Action
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			□Remove
		1011	□Change
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