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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LOX Y	y Tayler LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tayler Ma	Name of Person	
	Lox by Tay	Firm/Company	
	1003 Se 20	Address	
	(ape Cura) F	L 33990 City/State and Zip Code	
	Tayler May- E-mail address (i	er o a ol - Com o be used for future annual report noufi	cation)
For further information co	oncerning this matter, please ca	iH;	
Tayler Manne of	YOV Person	at (239) 849 Area Code Daytime	7 to 62 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Liability Company)		
were filed on 4/2/0/1/0 and assigned		
ility company here:		
ity Company," the designation "LLC" or the abbreviation "L.L.C."		
1400 royal palm Square blud		
tort myers to 33919		
fice address on our records, enter the name of the new		
Enter Florida street address		
, Florida		

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>=</u>
E. Effective date, if other than the date of filing: $9/1/17$ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
(b) The soul day after the record is med.
Dated August 30th 2017 . 8/30/17.
Taylor Mailer
Taylor Mayor Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00