

L17000059665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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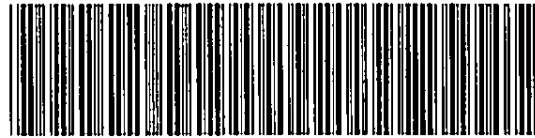
(Business Entity Name)

(Document Number)

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2017 OCT 31 11:09:28 AM 7:45
MAIL ROOM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAYLOR MADE CUSTOM CARPENTRY
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:

TAYLOR JAY GALLARD
Name of Person

TAYLOR MADE CUSTOM CARPENTRY
Firm/Company

1743 GALLOWAY TERRACE
Address

WINTER SPRING, FL 32708
City/State and Zip Code

TAYLOR.MADECARPENTRYFL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAYLOR GALLARD at (407) 1743 6031
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

TAYLOR MADE CUSTOM CARPENTRY LLC
(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 MARCH 15, 2017 and assigned Florida document number L170000059665.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

743 GALLOWAY TERRACE
WINTER SPRINGS, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

743 GALLOWAY TERRACE
WINTER SPRINGS, FL 32708

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:

743 GALLOWAY TERRACE
Enter Florida street address
WINTER SPRINGS, Florida 32708
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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>JENNIFER K BARTLETT</u>	<u>706 S. LAUREL AVE</u>	<input type="checkbox"/> Add
		<u>SANFORD, FL 32777</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>TAYLOR J GARLAND</u>	<u>743 GALLOWAY TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>WINTER SPRINGS, FL 32708</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>DANIEL THOMAS HENDERSON</u>	<u>860 E. WISCONSIN AVE</u>	<input checked="" type="checkbox"/> Add
		<u>ORANGE CITY 32763</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 OCT 31 AM 7:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 31 AM 7:56
SECRETARY OF STATE
WASHINGTON, D.C.

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.

Dated _____, _____

Signature of a member or authorized representative of a member

TAYLOR JAY GARRARD

Typed or printed name of signee