Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Addount Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Fhone : (323)962-8600

Fax Number

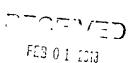
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**Enter the email address for this business entity to be used for thit annual report mailings. Enter only one email address please

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALICIA ROSE TAYLOR, LLC

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Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

		tration Sect on of Corpo				
SUBJEC		ALICIA RO	SE TAYLOR, LLC		•	
SOBJEC	- li _	 	Name of Limi	ited Liability Compan	у	
				,		
The encle	osed A	Articles of A	mendment and fee(s) are subi	mitted for filing.		
Please re	turn a	ll correspond	dence concerning this matter	to the following:	forwar to	
			Cheyenne Moseley			
				Name of Person	n	
			Legalzoom.com, Inc.			
				Firm/Company	/ -:	
			101 N. Brand Blvd., 11tl	h Floor		
				Address		
			Glendale, CA 91203			
				City/State and Zip (Code	
			ataylo1@gsd.harvard.edu			
			E-mail address: (t	to be used for future as	nnual report notifi	cation)
For furth	er infe	ormation cor	scerning this matter, please ca	الد:		
Cheyen	ine M	oseley		800 at (773-0888 ex	t. 9724
		Name of	Person	Area Code	Daytime	Telephone Number
				• .;	• •	
Enclosed	d is a c	heck for the	following amount:			
\$25.0	.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop (additional copy	ру	☐ \$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

ALICIA ROSE TAYLOR, LLC		
(Name of the Limited Liability Comma (A Florida Limited)	ny as it now sopears on our records Liability Company)	<u>", </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000159445</u>	were filed on 07/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 Black Bear Cir.	
(Principal office address MUST BE A STREET ADDRESS)	Niceville, FL 32578	
Enter new mailing address, if applicable:	150 Plack Bear Cir.	<i>≩</i> 2
(Mailing address MAY BE A POST OFFICE BOX)	Niceville, FL 32578	77 00 11-17 TD
		50 B
	ne	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter, the name of the flev
	le le	2 0
Name of New Registered Agent:	<u> </u>	5 5
New Registered Office Address:		
	Enter Florida street address	
	City Flo	rida 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>eliter the title</u>, name, and address of each Manager or <u>Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			☐ Remove
		¥ 	
			□ Remove
			
		:7	□ Add
			Remove
			Add Addr A
			Rignove C
		•	D Add
			☐ Remove
			
			Add
			Remove
			<u></u>

follows:	
150 Blac	k Bear Cir., Niceville, FL 32578
	
ctive date.	if other than the date of filing: (optional)
ffective date	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
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ffective date	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ffective date ate this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
Tective date ate this docu	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State) Signature of a member of authorized representative of a member
tive date	must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)

Page 3 of 3

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