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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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WAIT

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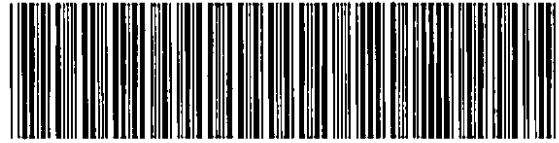
(Business Entity Name)

(Document Number)

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SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

AUG 16 2018

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Taylor Consulting Group, LLC
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:

Kimberly Corle
Name of Person

Taylor Consulting Group LLC
Firm/Company

10814 Ironbridge Dr.
Address

Venice, FL 34293
City/State and Zip Code

Kimcomancorle@me.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Kim Corle at (703) 517-7676
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

Taylor Consulting Group, LLC

Page 1 of 3

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>Blaine R. Corle</u> | <u>10814 Ironbridge Dr.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Unice, FL 34293</u> | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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)(b)

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.

(b) The 90th day after the record is filed.

Dated 08-07-18, _____

X *Sandra Corle*
Signature of a member of

Signature of a member or authorized representative of a member

Kimberly Corle

Typed or printed name of signee