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Registration Section

TO:

Division of Cor	porations				
TAYLOR A	ASETON HEATLECARE L	LC			
SUBJECT:	r				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresno	ndence concerning this matter	to the following:			
rease return an extrespo	indence concerning this matter	to the following.			
	DEREK COOPER				
		Name of Person			
	TAYLOR ASHTON HEA	TITHCARE, LL C			
		Firm/Company			
	10880 AVANA WAY STI	E 102			
		Address			
	TRINITY FLORIDA 346	55			
		City/State and Zip Code	.		
	TAYLORASHTONLLC@				
	E-mail address: (to be used for future annual report not	itication)		
For further information c	oncerning this matter, please c	all:			
DEREK COOPER		727 457-4373			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)		
Mailing Addres	<u>s:</u>	Street Address:			
Registration S	Section	Registration Se			
Division of C	•		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of	Lallahassee oc Street, Suite 810		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cuy	Zip Code
	. Flor	ida
New Registered Office Address:	Enter Florida street address	
Name Bandat and Office Address		
Name of New Registered Agent:	_	, <u> </u>
o. It amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	ic name of the new registe
B. If amending the registered agent and/or registered	office address on our morands anton the	e name of the new registe
		
(Mailing address MAY BE A POST OFFICE BOX)		2 7
Enter new mailing address, if applicable:		132 5 T
		ZIB DEC
	<u> </u>	TAS ST
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)	. ~
Enter new principal offices address, if applicable:	<u> </u>	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ted liability company here:	
This amendment is submitted to amend the following:		
Florida document number	<u>_</u> ·	
The Articles of Organization for this Limited Liability Co L17000189272		and assigned
(Name of the Limited Liability	y Company as it now appears on our records.) Limited Liability Company)	
TAYLOR ASHTON HEALTHCARE $_{\mathfrak{f}} \sqsubseteq \sqsubseteq$	C	

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>	Type of Action
AMBR	AILEEN GONZALEZ	10880 AVANA WAY 102, TRINITY FL 34655	■ Add
			= Add
			□Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cock does not me	annot be prior to et the applicat		nore than 90 days		
record specifies a delayed effective is filed.	date, but not a	n effective tim	ne, at 12:01 a.m	on the earlier of	f: (b) The 90th day	after the
DEC 10		2019				
ated	·	1	_ ·			
	Signature of a Grid	mber or author	Au ired representative	e of a member		