

(Requestor's Name)	•
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(Address)	-
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PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
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Office Hea Only	•



10/24/17--01014--002 **30.00

, COVER LETTER

SURJECT: Bryan	t Taylor Law LL Name of Lim	(
boosser.	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Samuel Brya	Name of Person		
	Bryant Taylor			ì
	150 31 line 1251	and Rd. Suite 300 Address		
	Plantation, FL	33324		١
	1 10 /11	City/State and Zip Code		
	E-mail address: (City/State and Zip Code W. ~ ~ to be used for future annual report notific	cation)	
For further information co	ncerning this matter, please ca		cation) TALLAHASSE	!
Samuel Bry Name of	9 nt Person	at (<u>154</u>) <u>204-32</u> Area Code Daytime	Telephone Number	ן כ
			3. 1.8 3. 1.8	
Enclosed is a check for the	_		₹ 	
3 \$25.00 Filing Fee	☑ \$30.00 Filing Fec & 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

TO:

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

Bryant Taylor Law,	LLC
(Name of the Limited	LLC I Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lial	bility Company were filed on 10-10-17 and assigned
Florida document number <u>L17000209461</u>	<u></u>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
Bryant Taylor Law PLLC	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the nev
registered agent and/or the new registered on	Phantation City Fregistered office address on our records, enter the hame of the new lies address for the new lies address
Name of Nive Deviatored August	至
Name of New Registered Agent:	(A)
New Registered Office Address:	150 S. Pine Island Rd. Suite 300 MI
	enter ruorata street attaress
	Phantation Florida: 533a4
New Registered Agent's Signature, if changing Re	
provisions of all statutes relative to the proper	agent and agree to act in this capacity. I further agree to comply with the rand complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

ompany has been notified in writing of this change.

MGR = M	from our records:		· · · · · · · · · · · · · · · · · · ·
AMBR = A	uthorized Member		\
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Add
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove AHAS 2 Change Add Remove
			2 Chrange
			D _{Add}
			OND Remove
			Add
			Remove
			Change

am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Addresses of managing members!
	Samuel Bryant!
	150 S. Pine Island Rd.
•	Suite 300
	Plantation, FL 33324
	Tabitha Taylor!
	150 S. Pine Island Rd.
	Suite 300
	Plantation, FL 33324
•	
-	
•	
-	
i fect an ef	tive date, if other than the date of filing: 10-18-17 (optional) Tective 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 605.020
<u>ote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	2 × × × × × × × × × × × × × × × × × × ×
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a m. on the earlier of 90th day after the record is filed.
1110	
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ated	And Bro
ated	And Both Signature of a member or authorized representative of a member Samuel Boyant

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Filing Fee: \$25.00