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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bt	usiness Entity Nar	me)	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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✓ Photo Copy			Annual Report / Reinstatement
Certificate of Good Standing			Cert. Copy
Certificate of Status			Photo Copy
Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
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		•	Courier

COVER LETTER

Division of	Corporations	
TAYLE SUBJECT:	EY'S TREASURES, LLC	
50D5DC1.	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	MORIAH JENKINS	
	Name of Person	
	JIM CHILDS TAX SERVICE	
	Firm/Company	
	Address	
	FORT PIERCE, FL 34982	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
MORIAH JENKINS	772 460-6786	
Address FORT PIERCE, FL 34982 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status (additional copy is enclosed)	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

TO:

Registration Section

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

TAYLEY'S TREASURES LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	y were filed on 12/19/2017	and a	ssigned		
Florida document number L17000258590					
This amendment is submitted to amend the following:					
s. If amending name, enter the new name of the limited liab	oility company here:				
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "	L.L.C."		
Inter new principal offices address, if applicable:	2381 SE HALLAHAN STREET				
Principal office address MUST BE A STREET ADDRESS)	DODT CADIT LUCIE CL 24052				
inter new mailing address, if applicable:	2381 SE HALLAHAN STREET				
Mailing address MAY BE A POST OFFICE BOX)	PORT SAINT LUCIE, FL 34952	Γ SAINT LUCIE, FL 34952			
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		the name			
	. Florida		·		
	City	Z) Care	U		
ew Registered Agent's Signature, if changing Registered Agent:		E . 5			

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	DANIEL F. CHAISSON	2381 SE HALLAHAN STREET	■ Add
		PORT SAINT LUCIE, FL 34952	☐ Remove
			Change
			□ Add
			□ Remove
			□ Remove
			Add Add
			Add Remove
			Change
			D Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: Optional		mending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)		
Effective date, if other than the date of filing: 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filled. Signature of a member or authorized representative of a member		·			
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Filing Fee: \$25.00