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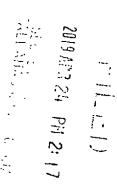
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Division of Cor	porations		
SUBJECT: The	Taylor Agency Name of Ling	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	•	Dimpson Name of Person	<u>. </u>
	_ The laylor	Firm/Company	
	1621 Bay Road	Unit #702 Address	<u>-</u>
	_ Miami Bec	City/State and Zip Code	
	Courtney e the	etayloragency miami to be ujed for fugure annyal report notif	. Còm fication)
For further information co	oncerning this matter, please ca	,	
Tim Taylo	OC Person	at (561) 307 - Area Code Daytime	7 1 7 7 e Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

_ The Taylo	r Agency, LLC	
(<u>Name of the Limited I</u> (A	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 12/10/18	_ and assigned
Florida document number <u>L18000283039</u>	.	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbre	viation "L.1C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
	<u> </u>	
		19,
	registered office address on our records, enter-th	e name of the ne
registered agent and/or the new registered office	address here:	12
Name of New Registered Agent:		- P
- Registered Algeria.		2
New Registered Office Address:	Enter Florida street address	
	Lines I for the Street and Ch	
_	, Florida	Zin 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 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>	Address	Type of Action
MGR	Courtney Simpson	1621 Buy Road Unit 702	⊠ Add
		Miami Beach, FL 33139	Remove
			🗆 Change
			□ Add
			□ Remove
			Change
			
			Remove
			Change
			□ Add
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in effective date ote: If the dat	is listed, the date to inserted in thi	the date of filing must be specific and its block does not be Department of	nd cannot be prior meet the applic	to date of filing o able statutory fi	r more than 90 d	_ (optional) ays after filing.) Po nts, this date wil	irsuant to 605.0207 I not be listed as
	cifies a dela	yed effective record is filed	date, but no i.	et an effective	e time, at 1	2:01 a.m. on	the earlier o
record spe The 90th da	ay after the						
The 90th da		<u> </u>	. 2019	·			
The 90th da		ZZ Signature of a	2019	Dized representati) e of a mamber		

Page 3 of 3

Filing Fee: \$25.00