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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Div                                      | ision of Corp   | porations                                    | ٠   |   |
|--|-----------------|--|---|---|
| SUBJECT:                                 | Dr. Tana Ta     | ylor, LLC                                    |   |   |
|  |                 | Name of Limi                                 | ted Liability Company   |   |
|  |                 |  |   |   |
| The enclosed                             | d Articles of a | Amendment and fee(s) are sub-                | nitted for filing.  |   |
| Please return                            | i all correspor | ndence concerning this matter                | to the following:   |   |
|  |                 | Dineen Pashoukos Wasylik                     | (   |   |
|  |                 | <del></del>                                  | Name of Person  |   |
|  |                 | DPW Legal                                    |   |   |
|  |                 | -  | Firm/Company  |   |
| 2244 Green Hedges Way, Suite 101         |                 |  |   |   |
|  |                 |  | Address   |   |
|  |                 | Wesley Chapel, FL 33544                      |   |   |
|  |                 |  | City/State and Zip Code   |   |
| TaylorAcademics@ip-appeals.com           |                 |  |   |   |
|  |                 | E-mail address: ()                           | to be used for future annual report notifi-                         | cation)   |
| For further i                            | nformation co   | oncerning this matter, please ca             | all:  |   |
| Dineen Pashoukos Wasylik  Name of Person |                 | lik  | 813 778-5161  |   |
|  |                 | Area Code Daytime                            | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

• 1

Registration Section

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

| Dr. Tana Taylor, LLC   |   |                       |
|--|---|-----------------------|
| (Name of the Limited L.<br>(A F  | ability Company as it now appears on our records.)<br>lorida Limited Liability Company) |                       |
| The Articles of Organization for this Limited Liabil lorida document number L19000179654     | ity Company were filed on July 12, 2019   | and assigned          |
| his amendment is submitted to amend the following  | # J   |                       |
| a. If amending name, <u>enter the new name of the</u>  | $\overline{\omega}$   |                       |
| Faylor Academics, LLC  |   |                       |
| he new name must be distinguishable and contain the words                                    | "Limited Liability Company," the designation "LLC" or th                                | abbreviation "L.L.C." |
| Enter new mailing address, if applicable:<br><u>Mailing address MAY BE A POST OFFICE BO</u>  | <u></u>   |                       |
| 3. If amending the registered agent and/or registered agent and/or the new registered office |   | er the name of the    |
| Name of New Registered Agent:  |   |                       |
| New Registered Office Address:   | Enter Florida street address  | <u></u>               |
|  | Florida   |                       |
| _  | Cin   | Zio 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| tive date, if other than th   | e date of filing:         |                     |                     | (optional)   |                  |
| Therefore date is listed, the date in 11 the date inserted in this liment's effective date on the |                           |                     |                     |  | 60\$.0207 (3)(b) |
| ment's effective date on the  | Department of State's rec | ords.               |                     | The second secon | nated as the     |
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|   | Signature of a member of  | authorized represen | tative of a morpher | Uny Cat  | torne            |
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Filing Fee: \$25.00

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