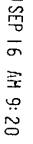
| (Requestor's Name)                      |
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| (Address)                               |
| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration S<br>Division of Co |   |                         |   |
|--------------------------------------|---|-------------------------|---|
| SUBJECT:                             | Taylor Of Name of Lin   | nited Liability Company | · .                                       |
|                                      |   | ,                       |   |
| The enclosed Articles of             | Amendment and feets) are sub  | omitted for filing.     |   |
| Please return all corresp            | ondence concerning this matter  | to the following:       |   |
|                                      | <u>Craney</u>   | Carrier Name of Person  |   |
|                                      | A (12)  | Pirm/Company            | (i C                                      |
|                                      | 7000 Be   | He Street               |   |
|                                      | 100ter P  | City/State and Zip Code | 10  |
|                                      |   |                         |   |
| For further information c            | Name of Limited Liability Company  sof Amendment and feets) are submitted for filling.  spondence concerning this matter to the following:  A Company  Name of Person  A ddress  City/State and Zip Code  City/State and Zip |                         |   |
| F) J) V ( Kame o                     | Person  | at ( ( ) C ) Daytim     | e Telephone Number                        |
|                                      |   |                         |   |
| Enclosed is a check for t            | he following amount:  |                         |   |
| \$25,00 Filing Fee                   |   | Certified Copy          | Certificate of Status &<br>Certified Copy |

MAILING ADDRESS:

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**

| A Urlando D  | esian_                                  | CC                         |                        |
|--|---|----------------------------|------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | any as it now appo<br>Liability Company | ears on our records.)      |                        |
| The Articles of Organization for this Limited Liability Company Florida document number (1900) 87.                       | y were filed on _                       | 8/29/19                    | and assigned           |
| This amendment is submitted to amend the following:  |   |                            |                        |
| A. If amending name, enter the new name of the limited lial  | bility company                          | <u>here</u> :              |                        |
|  |   |                            | <b>20</b>              |
| The new name must be distinguishable and contain the words "Limited Liab   | ility Company," the                     | e designation "LLC" or the | he appreviation L.L.C. |
| Enter new principal offices address, if applicable:  | NA                                      |                            | <u> </u>               |
| (Principal office address MUST BE A STREET ADDRESS)  | <u>-</u> .                              |                            | 5. 6                   |
|  |   |                            | 9: AH 9:               |
| Enter new mailing address, if applicable:  | N/A                                     |                            | 20                     |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | ····                       |                        |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. |   | on our records, <u>en</u>  | ter the name of the n  |
| Name of New Registered Agent:  |   | <del></del>                |                        |
| New Registered Office Address:   | Enter F                                 | Torida street address      |                        |
|  |   | , Florida                  | 1                      |
|  | City                                    |                            | Zip 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 to 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

| Title       | <u>Name</u>    | Address              | Type of Action |
|-------------|----------------|----------------------|----------------|
| MGR         | Ashley Orlando | LOIAHER Park FI 327D | X Add          |
|             |                |                      | □ Remove       |
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| Note: If the dat | if other than the date of is listed, the date must be speed inserted in this block doctive date on the Departm | es not meet the applica   |                           |                       |                 |
|                  | cifies a delayed effe<br>ay after the record is  |                           | an effective time         | e, at 12:01 a.m. on t | the earlier of: |
| Dated St. Y      | -Mar-13  | _XIL                      | _ ·                       |                       |                 |
| <del></del>      | Signar   | ire of a member or author | cized representative of a | member                | <del></del>     |
|                  | <u> </u>  -  |                           | 1 ( ) ( ) ( ) ( ) ( ) ( ) |                       | <del></del>     |

Page 3 of 3

Filing Fee: \$25.00