## L19000286091

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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OCT 29 2020 M. SOLOMON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TAY SYPA A HOUSE	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	
Please return all correspondence concerning this matter t	to the following:
Anna h	St Toty ov Name of Person
Tayl	Orra Affairs Firm/Company
35381 Mark	Mol Ga Ka OCI 29
Savacota	FL 34231 3 3
MMU-tolli E-mail address: (t	City/State and Zip Code  iv O tay (cy (g a fair S) (vi) )  so be used for future annual report notification)
For further information concerning this matter, please ca	all:
Ann a - USa Tayley Name of Person	at (14) 270 458 d  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee  □ \$30.00 Filing Fee &  Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations  The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tayloria		LC			
(A Flori	lity Company as it now appea da Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited Liability Florida document number		11.18.19	and a	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the al	obreviation "	L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	ORESS)			2026	
			<u> </u>	8 -1	:
			<b>東京</b>	72	•
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	9	
(Mailing address MAY BE A POST OFFICE BOX)			T.,	<b>3</b>	:
				<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the nan</u>	ne of the n	ew registere	<u>:c</u>
Name of New Registered Agent:	<del></del>				
New Registered Office Address:		<del></del>			
	Enter Flo	orida street address			
	Ch.	, Florida	Zip Cod		
	City		гар Соа	E	

## 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>	Name	Address	Type of Action
AMBR	Anna-Usa Taylor	3381 Markndge Kd	□Add
		3381 Markndge Kd Sarnsota F2 34231	□Remove
			□Add
			□Remove
			□Change
***			□ Add
			Rémove 2
			Change 29 PM 1: 00 PM
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	<del></del>		□Add
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			□Change
			□Add
		<del></del>	□Remove
			□Change



October 22, 2020

ANN LISA TAYLOR TAYLORED AFFAIRS 3381 MARKRIDGE RD SARASOTA, FL 34231

SUBJECT: TAYLORED AFFAIRS LLC

Ref. Number: L19000286091

We have received your document for TAYLORED AFFAIRS LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 520A00020928

