L20 0000005405

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	1

Office Use Only



600339233626

61/12/20--01001--615 +-50.60

RECEIVED
JAN 2 1 2020

FILED
2020 JAH 21 AMII: 52

A CUIS TO THE STATE OF THE STAT

FEB 18 2070 I ALBRITTON

COVER LETTER

	gistration Section ision of Corpor			•
SUBJECT:		Toylor (- Name of Limi	Cerry (Company	<u>C</u>
The enclosed	I Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return	all corresponde	nce concerning this matter	to the following:	
		Ro	SOP Tay Name of Person	lor
		Tayl	OF Earny Firm/Company	UC
		8308	Wirdsof	bluff Dr.
	_	Tar Roscoe-	npa Fl. 3 Clty/State and Zip Code Faylor 199	33647 30gmail.com
For further in	nformation conc	E-mail address: (t erning this matter, please ca	to be used fdy future anhual i all:	report notificat i on)
Ros	Name of Pe	ayla son	at (Area Code	876-4103 Daytime Telephone Number
Enclosed is	i check for the fo	ollowing amount:		
D\$25.00 I	Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

laula (Jai	ng LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it how appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $12 37 19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	12 L
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	5
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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	Roscoe Taylor	8308 Wirdsor bluff Dr. Tampa F1 33647	_ thad
	·	Tampa F1 33647	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change

	
	
(If an effective Note: If the	date, if other than the date of filing:
the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/13/2020
	Signature of a member or authorized representative of a member
	$T \cdot 1 \cdot C$

EU E CAFA