

120000171858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 OCT 22 PM 3:49
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tori's by Taylor Fowler LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Filing Jesse K

Name of Person

ZenBusiness Inc

Firm/Company

5511 Parkercrest Dr., Ste. 103

Address

Austin, TX 78731

City/State and Zip Code

compliance@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse K 844 4936249
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

FILED

2021 OCT 22 PM 3:49

Tori's by Taylor Fowler LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/22/2020 and assigned
Florida document number 120000171858.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fowler's LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9702 N Grand Duke Circle

(Principal office address MUST BE A STREET ADDRESS)

Tamarac, FL 33321

Enter new mailing address, if applicable:

P.O. Box 26898

(Mailing address MAY BE A POST OFFICE BOX)

Tamarac, FL 33321

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kimesha Rowe-Fowler		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9702 N Grand Duke Circle Tamarac, FL 33321	<input checked="" type="checkbox"/> Change
AMBR	Taylor Sapphire Fowler		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9702 N Grand Duke Circle Tamarac, FL 33321	<input checked="" type="checkbox"/> Change
AMBR	Travis Quinton Fowler		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9702 N Grand Duke Circle Tamarac, FL 33321	<input checked="" type="checkbox"/> Change
AMBR	Tru Legend Fowler		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9702 N Grand Duke Circle Tamarac, FL 33321	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 18 2021

Kimesha Rowe-Fowler

Signature of a member or authorized representative of a member

Kimesha Rowe-Fowler, Manager

Typed or printed name of signee