

**K20 000 193917**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

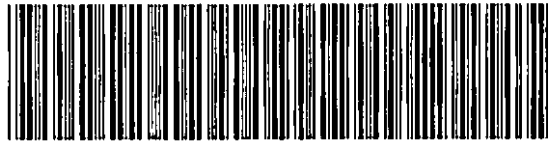
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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6/14/21  
Tm

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**900363528489**

04/14/21--01025--009 \*\*60.00

21 JUN 14 PM 5:23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2021

LATASHA TAYLOR  
306 WEST KEY AVE  
EUSTIS, FL 32726

SUBJECT: TASHUANITY3LT.LLC  
Ref. Number: L20000193917

We have received your document for TASHUANITY3LT.LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 921A00012099

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tashuanity3LT

\_\_\_\_\_  
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:

LaTasha Taylor

\_\_\_\_\_  
Name of Person

Tashuanity3LT

\_\_\_\_\_  
Firm/Company

306 West Key Avenue

\_\_\_\_\_  
Address

Eustis Florida 32726

\_\_\_\_\_  
City/State and Zip Code

tashuanity3lt@gmail.com

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

For further information concerning this matter, please call:

LaTasha Taylor

352

2171479

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 &  
Certified Copy  
(additional copy is enclosed)

☒ \$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  
JUN 14 2020  
CLERK OF CIRCUIT COURT  
21 JUN 14 PM 5:23

Tashuanity3LT

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

The Articles of Organization for this Limited Liability Company were filed on 07/08/2020 and assigned  
Florida document number L20000193917.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

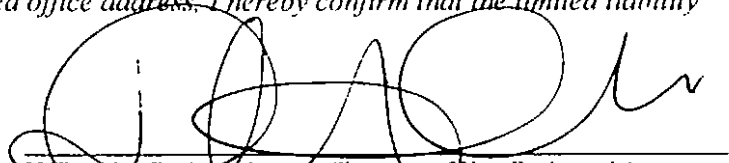
Name of New Registered Agent: LaTasha Taylor

New Registered Office Address: 4400 North Highway 19A US 441  
*Enter Florida street address*

Mount Dora Florida 32757  
*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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	REGINALD TAYLOR	306 WEST KEY AVE	<input type="checkbox"/> Add
		EUSTIS, FL 32726	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA TAYLOR	306 WEST KEY AVE	<input type="checkbox"/> Add
		EUSTIS, FL 32726	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LATASHA TAYLOR	306 WEST KEY AVE	<input checked="" type="checkbox"/> Add
		EUSTIS, FL 32726	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.

g.) Pursuant to 605.0207 (3)(b) it will not be listed as the

Dated 6/14/21

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**