## L20000294525

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DEC 1 8 2020

S. YOUNG

TO: Registration So Division of Cor			
SUBJECT: Tax	vioried Jeans	<b>.</b>	
<del></del>	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tiffany Tax	Name of Person	
	Taylor'ed 3	Firm/Company	
	5000-18 US H	WY 175 #815 Address	
		City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	itication)
	<u> </u>	at ()	
Name (	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co.	
P.O. Roy 6327		The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION **OF**

laylared Jeons	26
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	rappears on our records.)
The Articles of Organization for this Limited Liability Company were filed	on 9-18-2000 and assig
Florida document number <u>L20000 29 4525</u> .	P
This amendment is submitted to amend the following:	?; ?;
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
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 agent and/or the new registered office address here:	our records, enter the name of the new r
Name of New Registered Agent:	
New Registered Office Address:	
Eρ	nter Florida street address
	Florida
City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with c accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of &
MGR	Tiffany Taylor	5000-1845 Hay 175 #815	<b>⊡⊿⁄d</b> d
		Floring Island, FL 32003	□Remo
			□Chanş
AMBR	Jeffery Barnett	5000-18 US HWY 175 # 815	I <b>V</b> Add
		Flening Island, Fl 32003	□Remo
			□Chang
			□Add
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			□Chang
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			□Chang
			□Add
			□Remo
			□Chang

or removed from our records:

). If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	<del></del>
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<del></del>	
Effective date, i	if other than the date of filing: (optional) s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
Note: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.
ne record specifies ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	ovember 11 . 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
•	Tiflow Taylor
	Typed or printed name of signee