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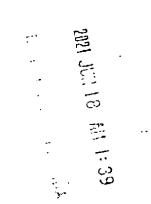
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COVER LETTER

TO:

TO: Registration So Division of Cor			
TAYLORE	BOY,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CERINA ANDERSON		
		Name of Person	
	CRS A-TOUCH CONSUL	TING, LLC	
		Firm/Company	<u></u>
	13900 JOG ROAD STE 20	93-266	
		Address	
	DELRAY BEACH, FL 33	446	
		City/State and Zip Code	
	BRYANT.ALVIN@GMAI		
For further information c	e-man address: (to be used for future annual report not all:	incation)
ALVIN BRYANT		754 366-1815	
Name o	d'Person		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 radditional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAYLORBOY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000103811</u> .	were filed on MARCH 03, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation: L.L.C."
Enter new principal offices address, if applicable:		رب .
Principal office address MUST BE A STREET ADDRESS;		<u>.</u>
		රා
		72
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, <u>enter the r</u>	name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	I
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further performance of my duties, and I opposited for in Chapter 605, F.S.	un familiar with and Or, if this document

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>	Type of Action
PRES	ALVIN BRYANT	Sasg penbloge 2 Oreenacres, FX 35	e ■Add
		Greeners, F 35	3-463 □Remove
			□Change
CEO	ALVIN BRYANT	5259 Deabloge [Tremacres \$ 33,	Add
		Greciacies \$ 33-	HG3 □Remove
			□ Change
			[a]Add
			⊡Remove ⊡co
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effective date is list	ed, the date must be sported in this block do	ecitic and cannot b	be prior to date of t	filing or more than 9	(optiona l 0 days after tilin	g.) Pursua	nt to 605.02
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cord specifies a de Filed,	dayed effective date	, but not an effe	ctive time, at 12	:01 a,m. on the ea	rher of: (b) 1	he 90th c	day after th
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Filing Fee: \$25.00

Typed or printed name of signee