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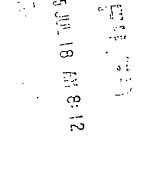
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COVER LETTER

TO: Registration Section Division of Corporation	on rations			
CURLECT: TAYLOR MA	ADE SERVICES AND SOLU	TIONS LLC		
SUBJECT:	Name of Limite	ed Liability Compan	λ.	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	Gavin Taylor			
		Name of Perso	.n	
	TAYLOR MADE SERVIC	ES AND SOLUTI	ONS LLC	
		Firm/Compan		
	9914 53RD AVE N			
	9914 33812 87 6 18	Address		
	ST PETERSBURG, FL 337	708 City/State and Zip	Code	
	gdtaylor9914@gmail.com			
	E-mail address: (to	o be used for future	annual report notif	fication)
For further information co	ncerning this matter, please ca	ll:		
Gavin Taylor		at (⁷²⁷) 666-5503 le Daytim	
Name of	Person	Area Cod	le Daytim	e Telephone Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional cop		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	R D T 24	reet Address: egistration Se ivision of Co he Centre of 1 15 N. Monro allahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAYLOR MADE SERVICES AND SOLUTIONS LLC (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 04/07/2021 ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Taylor Made Construction Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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: New Registered Office Address: Enter Florida street address

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>	Type of Action
			□Change
			□Add
			Remove
			□ Change
			□Remove
		<u></u>	Change
			□Remove
			Change
			□Remove
			□ Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing:
e record rd is til	I 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 ed.
Dated _	July 10th , 2025 . Signature of a member or authorized representative of a member
	Gavin Taylor
	Typed or printed name of signee