# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000411289 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KCO SERVICES, LLC Account Number : I20200000018

: (954)744-6605 Fax Number : (833)648-2730

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@tayberry.group

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAYBERRY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 08 2022

A. LUNT

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC -7 AM 11: 27

TAYBERRY GROUP 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 8/19/2021 and assigned Fiorida document number L21000372692 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: 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.

City

\_, Florida \_\_

# 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

Title	Name	Address	Type of Action
MGR	Lourdes J Cedeno de Rincon	411 NE 2nd PL Unit 9, Cape Coral, FL 33909	<b>\</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>	<del></del>		□Add
		<del></del>	□ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

			2022 ner	•
<del></del>			ייי טני(	2-7- <b>4H</b> H:
		<del></del>		<del></del>
	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	<del></del> -	<u> </u>
				<del></del>
			<del></del>	<del> </del>
<del> </del>		<del></del>		
· · · · · · · · · · · · · · · · ·				
		***	<del></del>	
	<del> </del>			
<del>.</del>				<del></del>
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	does not meet the applicat	o date of filing or more th ble statutory filing req	(optional) an 90 days after filing.) I uirements, this date w	Pursuant to 605.020 ill not be listed a
ecord specifies a delayed effective da is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The	90th day after th
December 06	2022	_ •		
		A PENTON		
	mature of a member or author			

Filing Fee: \$25.00