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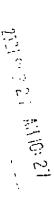
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COVER LETTER

	Registration Se Division of Cor			
eun irz	YSAD, LL			
SUBJEC	T:		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Anthony A. Taylor		
			Name of Person	
			Firm/Company	
		223 Topaz Avenue		
			Address	
		Pensacola, FL 32505	(1) (1) (1) (1) (1)	
		anthonyataylor84@gmail.co		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please ca	all:	
Anthony	A. Taylor		850 462-4335 at ()	
	Name o	f Person	Name of Person Firm/Company Address City/State and Zip Code ill.com ss: (to be used for future annual report notification) se call:	
Enclosed	l is a check for th	ne following amount:		
\$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSAD, LLC		
(Name of the Lin	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Horida document number L21000398874	Liability Company were filed on 09/08/2021	and assigned
lorida document number	·	
his amendment is submitted to amend the fe	llowing:	
. If amending name, enter the new name	of the limited liability company here:	
Anthony Taylor, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if appl	licable:	
Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E ROX)	
3. If amending the registered agent and/or	registered office address on our records, enter the na	me of the new registe
gent and/or the new registered office addi		
		ب
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2231052
	Enter Florida street address	
	, Florida	
	City	Zip Code 5

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	v 		□Add
			□Remove

_____ Change

					
ffective date, if other than the	date of filing:			(optional)	
an effective date is listed, the date must lote: If the date inserted in this bloom	be specific and cannot ack does not meet the	be prior to date of t	iling or more than 90 tory filing requires	days after filing.) Pursi nents this date will r	uant to 605.0207 not be listed as t
ocument's effective date on the De			iory ming requirer	nens, ms date and	iot oc tisted us
record specifies a delayed effective	date, but not an effe	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 90th	day after the
is filed.					
September 17	202	l			
Pated September 17	··				
Auch	-A. 2	zh-			
	Signature of a member	or authorized repr	esentative of a mem	per	

Typed or printed name of signee