

L21000451535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

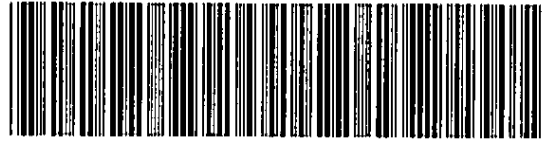
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000378312030

12/27/21--01016--027 **25.00

FILED
2022 JAN 20 AM 6:43
SECRETARY OF STATE
TALLAHASSEE, FL

C -
JAN 20 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 JAN 20 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FL

January 8, 2022

ELISHA CLARK
3938 PEBBLE BROKE CIR S
JACKSONVILLE, FL 32065

SUBJECT: ELISHA TAYLER ENTERTAINMENT LLC
Ref. Number: L21000451535

We have received your document for ELISHA TAYLER ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

LAST PAGE OF DOCUMENT NOT ENCLOSED WITH SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 122A00000593

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elisha Tayler Entertainment LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elisha Clark
Name of Person

Elisha Tayler Entertainment
Firm/Company

3938 Pebble Brooke Circle South
Address

Jacksonville, Florida, 32065
City/State and Zip Code

TaylerEntertainment@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Noel at (904) 442-1222
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Elisha Clark
3938 Pebble Brooke Cir. S.
Orange Park, FL 32065

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2022 JAN 20 AM 6:44

(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 _____ and assigned Florida document number _____.

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

_____ **Florida** _____

City

Zip Code

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>	<u>Type of Action</u>
<u>MGR</u>	<u>ELISHA T. CLARK</u>	<u>3938 Pebble Brook Cir. S.</u> <input checked="" type="checkbox"/> Add	
		<u>Orange Park, Florida</u> <input type="checkbox"/> Remove	
		<u>32065</u> <input type="checkbox"/> Change	
<u>AMBR</u>	<u>SHAYLEEN Debarros</u>	<u>7820 BAY MEADOWS RD E</u> <input checked="" type="checkbox"/> Add	
		<u>APT 1323, Jacksonville</u> <input type="checkbox"/> Remove	
		<u>FL, 32256</u> <input type="checkbox"/> Change	
<u>AMBR</u>	<u>Joshua Noel</u>	<u>563 OINEY ST SW</u> <input checked="" type="checkbox"/> Add	
		<u>PALM BAY 32908</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
		<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
		<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	
		<u>_____</u> <input type="checkbox"/> Add	
		<u>_____</u> <input type="checkbox"/> Remove	
		<u>_____</u> <input type="checkbox"/> Change	

