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COVER LETTER

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TO:	Registration S Division of Co			
SUBJE	CT: TAYLOR T	RUST, LLC		
.90000	<u> </u>	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Molly Rocke	Name of Person	
			Name of Person	
		keys Island Gi	irl UC	
			Firm/Company	
		17.5 141111 0.44	. cT	
		1215 MILLOCAL	N ST. Address	····
		key West, FI	City/State and Zip Code	
		E-mail address:	.NCE amail. Coto be used for future annual r	eport notification)
For furth	ner information of	concerning this matter, please c	eall:	
<u>M</u>	Name o	⊁ey of Person	at (23\)	Zwo-49 68 Daytime Telephone Number
	, vanie v		, men over	buyune receptione runner
Enclosed	d is a check for t	he following amount:		
□ \$ 25	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	Mailing Addre		Street Ad Registra	dress; tion Section
	Division of C	Corporations	Division	of Corporations
	P.O. Box 632 Tallahassee,			tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAYLOR TRUST, 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 09/08/22 _____ and assigned Florida document number L22000392331 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Harbor Glow LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:

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>	Address	Type of Action
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ın effec	e date, if other than the date of filing:
	'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at's effective date on the Department of State's records.
record : is filed	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 i.
ated _	September 2nd 2024
	Molly Pockey Signature of a member or authorized representative of a member