

(Requestor's Name)				
(Address)				
(Address)				
	(Cit (Cit) (Cit) (Cit)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
		_		
Certified Copies	Certificates of	Status		
	<u> </u>			
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE SEP 2 2 2023				
	£ £ 2023			
	. I	_		
9113				
L				





05/25/23--01016--021 **50.00





July 21, 2023

STEVEN H. TAYLOR 8388 S. TAMIAMI TRAIL UNIT 83 SARASOTA, FL 34238 US

SUBJECT: TAYLORED 2 YOU PETSITTING, LLC

Ref. Number: L23000149535

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE WILL NEED ALL PAGES IN ORDER TO FILE YOUR DOCUMENT. PLEASE COMPLETE THE ATTACHED COPY.

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.

Jasmine N Horne Regulatory Specialist II

SEP 1 3 2023

Letter Number: 623A00016344

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tay locad 2 Your Pet, Pot & Sitting U.C. 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:
Steven H Taylor Name of Person
Taylord D. Your Per Pet Sitting, LCC
8362 S. Tarriagra Trail, #38
Sarasota : 4 34238 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () Name Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23 SEP 13 PM Q. 40

(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our reco	LIC TOPPE
The Articles of Organization for this Limited Liability Company v Florida document number <u>L304495</u>	vere filed on $3/3$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	4. Pet 541	C" or the abbreviation "L.L.C." Tamaa Way
(Principal office address MUST BE A STREET ADDRESS)	Scrosota	4 34 338
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Som	
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	ddress on our records, <u>ents</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	, 1	Florida Zip Code
No. 10 Control of the	City	ыр сове

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 = Manager AMBR = Authorized Member Title Name | <u>Address</u> Type of Action Verenica A Toylor 8388 S. Tama Min Arail Scrassa, FL 34238 Ochange _ □Add _ 🗆 Remove ____ Change □Add Remove _____ □Change □Add _____ Change Remove _____ Change

Remove

______ Change

<u>·</u>		
		
		
	· · · · · · · · · · · · · · · · · · ·	
		
	 -	
		
Note: If the	date, if other than the date of filing: 3 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 tatutory filing requirements, this date will not be listed as
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
	Q. 92 92	
Dated	52 th	
Dated	Signature of a member or authorized in STEVEN TANK	representative of a member

Filing Fee: \$25.00