L23000218334

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:					
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SUBJI	ECT:	Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		Violet Taylor-Lewis			
			Name of Person		
		TaylorMade Results			
			Firm/Company		
		1971 W. Lumsden Rd., #1	8		
			Address		
		Brandon, FL 33511			
		TaylorMade Results Firm/Company 1971 W. Lumsden Rd., #118 Address Brandon, FL 33511 City/State and Zip Code violettaylor-lewis@taylormaderesults.org E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: tylor-Lewis Name of Person Area Code \$13			
		• - •			
		E-mail address: ()	to be used for future annual report notific	cation)	
For fu	rther information co	oncerning this matter, please co	all:		
Violet	Taylor-Lewis		813 240-6387		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
□ \$2	25.00 Filing Fee	_	Certified Copy	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-			
(Name of the Lim	nited Liability Company	as it now appears on our records	<u>.</u>)
	(A rionda Linned Liac	эпиу Сотрану)	2
The Articles of Organization for this Limited	Liability Company we	ere filed on May 1, 2023	حن' and assigned
(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 May 1, 2023 and assigned Florida document number L23000218334 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 "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 registagent and/or the new registered office address here: Name of New Registered Agent:			
ionda document number	*		. 60
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabilit	y company here:	(5)
•		_	ن ۱۰۰۰
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LEC"	or the abbreviation "L.L.C."
into many numerical offices address if anni-	iaabla		
enter new principal offices address, if appli	icabie: _	·	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		·- · · · · · · · · · · · · · · · · · ·
	-	··· ·	
Enter new mailing address, if applicable:			
	- 		
Mailing daaress MAY BE A POST OFFICE	<u> </u>		
	_		
If amending the registered agent and/or	registered office adv	tress on our records, enter t	he name of the new regists
		ress on our records, enter i	the name of the new registe
	ess here:		
	ess here:		
	ess here:		
gent and/or the new registered office addr	ess here:		
gent and/or the new registered office addr			
gent and/or the new registered office addr	100 S Ashley Dr. S	Ste 600	
gent and/or the new registered office addr Name of New Registered Agent:		Ste 600 Enter Florida street address	
Name of New Registered Agent:		Enter Florida street address	rida ³³⁶⁰²

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
	,		□Add
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		····	□ Change
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		 	□Remove
			□Change
			□Add
			Remove
			□Change

Effective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Aug.: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the dis filed. Dated October 12 2023 Signature of a member or Juhorized representative of a member								· · ·	••
Effective date, if other than the date of filing:		<u>,</u>							-
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Signature of a member or juthorized representative of a member	October Pated	2	1/1/2	. 2023 A h l	1. A) O i			
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