## L23000248723

(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.

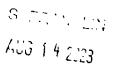
Office Use Only



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2023 J.J. 112 PH 6: 57



## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Ta	y for Maid	Services LLC	_		
	/ Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Khamaji, Taylor R				
	Name of Person				
	Taylor Maid Services LLC				
	Firm/Company				
	1720 NW 179TH STREET				
	Address				
	MIAMI GARDENS, FL, 33056				
		City/State and Zip Code			
	HILLATS@YAHOO.COM				
		to be used for future annual report noti-	fication)		
For further information of	oncerning this matter, please ca	all:			
Khamaji R. Taylor		786 712-0448			
Name of Person			e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	·		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	Sovices Lices and the state of	
The Articles of Organization for this Limited Liability Company Florida document number $123000248723$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."	l
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	22	
(Mailing address MAY BE A POST OFFICE BOX)		
	; <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	
B. If amending the registered agent and/or registered office adaptated and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>	<u>:d</u>
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>	Name	Address	Type of Action
P	KHAMAJI R TAYLOR	1720 NW 179TH STREET	■Add
		MIAMI GARDENS, FL, 33056	<b>■</b> Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
		<del></del>	Change
	·		□Add
		<del></del>	Remove
			Change
			🖸 Remove
			Change
	<del></del>		□Add
			🗀 Remove



July 30, 2023

TAYLOR R KHAMAJI 1720 NW 179TH STREET MIAMI GARDENS, FL 33056 US

SUBJECT: TAYLOR MAID SERVICES LLC

Ref. Number: L23000248723

We have received your document for TAYLOR MAID SERVICES 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):

Missing pages 4 and 6 of the application. Please complete the attached forms.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

> RECEIVED AUG 1 4 2023

Letter Number: 823A00017092