

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MATHISON WHITTLES, LLP
Account Number : I20040000071
Phone : (561)624-2001
Fax Number : (561)624-0036

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: VAMAYA@MATHISONWHITTLES.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KARIN KATHERINE TAYLOR LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

COVER LETTER**TO: Registration Section
Division of Corporations**

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SUBJECT: KARIN KATHERINE TAYLOR 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:

VALERIE AMAYA

Name of Person

MATHISON WHITTLES LLP

Firm/Company

5606 PGA BLVD, SUITE 211

Address

PALM BEACH GARDENS, FL 33418

City/State and Zip Code

VAMAYA@MATHISONWHITTLES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE AMAYA

561

834-7286

at ()

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

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

(((H23000409780 3)))

KARIN KATHERINE TAYLOR 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 8/2/2023 and assigned
Florida document number L23000363291.

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:

5606 PGA BLVD, SUITE 211

(Principal office address MUST BE A STREET ADDRESS)

PALM BEACH GARDENS, FL 33418

Enter new mailing address, if applicable:

5606 PGA BLVD, SUITE 211

(Mailing address MAY BE A POST OFFICE BOX)

PALM BEACH GARDENS, FL 33418

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:

MATHISON WHITTLES LLP

New Registered Office Address:

5606 PGA BLVD, SUITE 211

Enter Florida street address

PALM BEACH GARDENSFlorida 33418

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

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AMBR = Authorized Member

[illegible]

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 30, 2023

X Karin M.
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member: _____

KARIN TAYLOR

Typed or printed name of signer

Filing Fee: \$25.00