L24000017666

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ES/C5/24

COVER LETTER

TO: Registration Section Division of Corporations

BJECT: TAYLOR	EXPRESS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	NATASHA KAZANAKIS	S	
		Name of Person	
	TAYLOR EXPRESS LLC	,	
		Firm/Company	
	825 W SOCRUM LOOP F	RD	
		Address	
	LAKELAND, FL 33809		
		City/State and Zip Code	
	natashakazanakis@gmail.co		
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Natasha Kazanakis		904 200-6327	
Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	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

TAYLOR EXPRESS LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Cor	npany were filed on 01/08/2024	and assigned
lorida document number L24000017666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	825 W SOCRUM LOOP RD	, r . 3
Principal office address MUST BE A STREET ADDRE	LAKELAND, FL 33809	
-		
nter new mailing address, if applicable:	825 W SOCRUM LOOP RD	- <u>- </u>
Mailing address MAY BE A POST OFFICE BOX)	LAKELAND, FL 33809	-, ω , ω
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the	
	OCRUM LOOP RD	
	Enter Florida street address	
LAKELA	AND , Flor	rida 33809
	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>lle</u>	Name	Address	Type of Action
MGR	Matthew A. Taylor	973 Aussi Ct	
		Tarpon Springs, FL 34689	\exists Remove
	 		□Add
			□ Remove
			□Change
			DAdd
			Remove
			Change
			☐ Add
		Remove	
			☐ Change
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			□Change
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ctive date, if other than the	date of filing:	(optio	nai)		
effective date is listed, the date mus	st be specific and cannot be prior to date of lock does not meet the applicable state	filing or more than 90 days after f	iling.) l		
ument's effective date on the D					
oord enecifies a delayed effectiv	re date, but not an effective time, at 12	2-01 a.m. on the earlier of (h)	The	OOth day	. A
filed.	c date, our not an encouve time, at 12	e.or a.m. on the carrer or. (b)	1110	Jour day	aitci t
August 20	2024				
August 29					
neo Dro	Signature of a member or authorized rep Lasha T Kazana Typed or printed name of				