P01000120961

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PłCK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700278876977

11/24/15--01004--017 **35.00

TALLAHNSSLE FLORIDATE

1:04 5 4 5012

· · · MITE

TO: Amendment Section
Division of Corporations

IAME OF CORPORATION: Taylor - Made Claim Service, Inc		
OCUMENT NUMBER: PO1000120961		
the enclosed Articles of Amendment and fee are submitted for filing.		
lease return all correspondence concerning this matter to the following:		
Robert Vincent Taylor Name of Contact Person	-	
Taylor-Made Claim Sorvice, Inc.		
2090 NE 804 Avenue	-	
High Springs FL 32643 City/ State and Zip Code	-	
TMCSVTCE EARTHUING. NET E-mail address: (to be used for future annual report notification)		
or further information concerning this matter, please call:		
Robert Vincent Taylor at 352 , 258-4488 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number	T	
nclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Address Street Address		

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

Eli Fr

of		
Taylor- Made Cl	Same Samina Trace	
(Name of Corporation as currently	filed with the Florida Dent. of State)	15 NOV 24 AM 8: 32
P010001200	961	SECOND TANK
(Document Number of C		SECRETARY OF STATE TALLAHASSEE FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fi its Articles of Incorporation:	iorida Profit Corporation adopts the folio	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name m	e abbreviation
B. Enter new principal office address, if applicable:	NIM	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N /4	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent N A		
·		
(Florida street	oddress)	
New Registered Office Address: N A	, Florida	
(C	(ity)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar wite NA Signature of New Reg	th and accept the obligations of the positions of the pos	on.
Signature of New Reg	more a recit, il cumiknik	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Job	in Doe	
X Remove	Y <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	5/7	Wendy L. Tayby	ZOGONE BOS ADDRE
Add		•	14ih Sprage FL 32643
Remove			
2) Change		 	
Add			41 11 11 11 11 11 11 11 11 11 11 11 11 1
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f not applicable, indicate N/A)		ticles, enter change(s) here: (Be specific)
nendment provides for an exchange, reciassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself: Inot applicable, indicate N/A)	1/10	
f not applicable, indicate N/A)		, , , , , , , , , , , , , , , , , , ,
f not applicable, indicate N/A)	<u></u>	
if not applicable, indicate N/A)		
mendment provides for an exchange, reciassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment liself: (for applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
f not applicable, indicate N/A)		
if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	
f not applicable, indicate N/A)		·
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
f not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)	.,	
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)		
if not applicable, indicate N/A)	amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
	ovisions for implementing the am	endment if not contained in the amendment itself:
	(ij noi applicable, inaicale N/A)	
	MIA	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
		······································
	-	

The date of each amendment		ula	, if other than th
fate this document was signed			
Effective date <u>if applicable</u> :	11-12-12		
	(no	more than 90 days after ame	endment file date)
Note: If the date inserted in document's effective date on the			filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK	ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	• •		es cast for the amendment(s)
The amendment(s) was/wei must be separately provide		eholders through voting group entitled to vote separately e	
"The number of votes	cast for the amendmen	nt(s) was/were sufficient for a	approval
by		гоцр)	
	(voting g	гоцр)	
The amendment(s) was/wer action was not required.	e adopted by the board	of directors without shareho	older action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorp	porators without shareholder	action and shareholder
Dated	1.19.15		
Signature	たりよん	-7	
(B	, , , , , , , , , , , , , , , , , , , ,	or other officer - if directors	
		tor - if in the hands of a rece	eiver, trustee, or other court
aţ	pointed fiduciary by th	iai ndociary)	
	Robor	d or printed name of person s	u by
	(Турс	d or printed name of person s	signing)
	Prais	to the	
		(Title of person signing	g)