P1800001699

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Taylor'S Installment, Inc.
DOCUMENT NUMBER: 1800001699
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Taylor's Intellment & Consulting Conferm/Company 5704 Doval Ct. Address City/ State and Zip Code Alin Stayl 950 a grail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allen Toylor at 941, 552-8564 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment

to Articles of Incorporation

TOURS Trackets	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P18000001699	, , , , , , , , , , , , , , , , , , ,
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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 "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	- AHA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Floritia, enter the name of the
(Florida stree	et address)
New Registered Office Address:	, Florida City) (Zip Code) '
New Registered Agent's Signature, if changing Registered Agent:	APA APA
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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; CFO = 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.

Example: X_Change	<u>PT</u>	John Doc	
. X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name Michael Gilbett	1816B 545
Add Remove			Sarasya, F. 3424
2) Change Add Remove	_		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
6) Change Add			

If amending or adding additional Articles, ent (Attach additional sheets, if necessary). (Be sp	pecific)
	MV
2111-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	<u> </u>
	
	
If an amendment provides for an exchange, re	eclassification, or cancellation of issued shares,
provisions for implementing the amendment	t if not contained in the amendment itself:
(if not applicable, indicate N/A)	n 1 1 1 1 2
	— MVM

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: Indimore than 90 days after amendment file	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 19	
Signature (By a director, president or other officer – if directors or officers	have not been
selected, by an incorporator – if in the hands of a receiver, truste	
appointed fiduciary by that fiduciary)	
Lasonja laylo	Y
(Typed or printed name of person signing)	
./12	

(Title of person signing)