LAMUON 1705

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp		
Taylorma	ade Investments, LLC	
SUBJECT:	Name of Limit	ited Liability Company
The enclosed Articles of A	Amendment and fee(s) are subn	mitted for filing.
Please return all correspo	ndence concerning this matter t	to the following:
	Stephen A. Taylor	
	- <u> </u>	Name of Person
	Stephen A. Taylor, E	sq.
		Firm/Company
	10800 Biscayne Bou	ılevard, SUite 700
		Address
	Miami, FL 33161	
	sat@satlegal.com	City/State and Zip Code
	E-mail address: (to	to be used for future annual report notification)
For further information co	oncerning this matter, please ca	all:
Stephen Taylor		305 722-0091
Name of	f Person	Area Code Daytime Telephone Number
•		Sin L
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rayioimade investinents, ELC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L04000021705</u>		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Stephen A. Taylor Wealth Management, LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	· · · · · · · · · · · · · · · · · · ·	200
registered agent and/or the new registered office address in	icre.	7
Name of New Registered Agent:		SS L
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMDK - A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			☐ Remove
			Add
			☐ Remove
		·	Add
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			2015 F.
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			Add Remove Remove P. O. S. S. M. F. C. O. S. M. F.
			□ Remove

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Filing Fee: \$25.00

