

L12000031453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

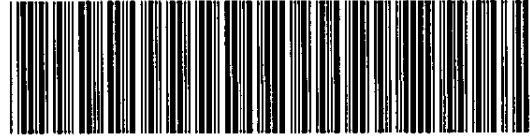
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800277023828

09/28/15--01027--014 **25.00

FILED
2015 SEP 28 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015
O. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Endore 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:

Dave Desmarais

Name of Person

Endore LLC

Firm/Company

603 Cypress Way E

Address

Naples, FL 34110

City/State and Zip Code

dave.j.desmarais@gmail.com

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

For further information concerning this matter, please call:

Dave Desmarais

239 249-9636
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 28 A 11:30

FILED

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Endore 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 March 1, 2012 and assigned
Florida document number L12000031453.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tailored LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kristy Desmarais	603 Cypress Way E.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Dave J. Desmarais	603 Cypress Way E.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Shayne Velasquez	27600 Hacienda E. Blvd. #306D	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2017 SEP 28 A 11:30
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

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)

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 earliest of:
(b) The 90th day after the record is filed.

Dated

September 15, 2015

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Dave J. Desmarais

Typed or printed name of signee

STATE LIBRARY OF FLORIDA
TALLAHASSEE, FLORIDA

SEP 28 11:30

77