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SECRE TARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration S Division of Co			
Tailored S	Solutions, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Patrick B. Tomlinson		
		Name of Person	
	Tailored Solutions, LLC		
		Firm/Company	<del></del>
	2654 N Nob Hill Road		
		Address	
	Sunrise, FL, 33322		
		City/State and Zip Code	
	TailoredSolutions18@gmai		
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please ea	all:	
Patrick B. Tomlinson		954 560-7700 at ( )	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tailored Solutions, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)	
ne Articles of Organization for this Limited Liability Company orida document number	were filed on 04/19/2018	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		VIS O
		S CRE
		ARY OF CO
ter new mailing address, if applicable:		ORP
ailing address MAY BE A POST OFFICE BOX)		ORAL ORAL
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If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	fice address on our records, ent	er the name of the n
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>	Address	Type of Action
AMBR	Patrick B. Tomlinson	2654 N Nob Hill Road	
		Sunrise, FL 33322	☐ Remove
			Change
AMBR	Melissa A. Innocent	2654 N Nob Hill Road	
	Sunrise, FL 33322	Remove	
			Change
			☐ Remove
			□ Change
		Remove	
			Change
	<del> </del>	Remove	
			Change
		Add	
		Remove	
		□ Change	

Fective date, if other than the date of filing:  In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste element's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	
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Signature of a member or authorized representative of a member	
Patrick B Tomfinson	

Page 3 of 3

Filing Fee: \$25.00