1180000994666

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SIGN OF CORPORATION:

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COVER LETTER

то:	Registration Sect Division of Corpo		
CHBH		SOLUTIONS, LLC	
SOBJE	ECT:	Name of Limited Liability Company	
		Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:	
		PATRICK B. TOMLINSON	
		Name of Person	
		TAILORED SOLUTIONS, LLC	
		Firm/Company	
		2654 N NOB HILL ROAD	
		Address	
		SUNRISE, FLORIDA, 33322	
		City/State and Zip Code	
		TAILOREDSOLUTIONS18@GMAIL.COM	
		E-mail address: (to be used for future annual report r	notification)
For fur	ther information cor	oncerning this matter, please call:	
PATR	ICK TOMLINSON		
	Name of I	Person Area Code Day	time Telephone Number
Enclose	ed is a check for the	e following amount:	
■ \$2 :	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 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 Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on L18000099466 Florida document number 04/19/2018		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.1C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		- 6 - 6 - 6 - 6 - 6 - 6 - 6 - 7
Enter new mailing address, if applicable:		A 2000
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Muning address may be at our of the bong		6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>ent</u> r <u>e</u> :	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
CEO _	PATRICK B. TOMLINSON	2654 N NOB HILL ROAD	Add
		SUNRISE, FLORIDA 33322	Remove
		···	☐ Change
			□ Remove
			Change
			Add
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E EM d	(optional)		
(If an effi	ve date, if other than the date of filing:	to 605.020	07
Note: docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	e nsted a	15
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier o	oi
(b) The	90th day after the record is filed.		
5	MAY 31 /2018 /		
Dated_			
	tamberger)		
	Signature of a member or authorized representative of a member	_	

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Filing Fee: \$25.00