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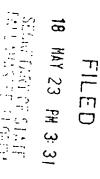
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K. SALY MAY 24 2018

COVER LETTER

TO:	Registration S Division of Co			
erib ie	Innovative	People Solutions, LLC		
SUBJE.	CI;	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	etum all corresp	ondence concerning this matter	to the following:	
		James C Taylor		
			Name of Person	
		Tailor-made People Soluti	ons, LLC	
			Firm/Company	
		8161 Pine Lake Rd		
		7168	Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		james@tailormadepeopleso		·
For furt	her information (n-man address; to	to be used for future annual report notifically	cation)
		on a march, preduce of		
James C	2 Taylor Name s	of Person	904 829-7603 at ()	Telephone Number
			·	·
Enclose	d is a check for t	he following amount:		
□ \$25.	.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

FILED

18 MAY 23 PM 3:31

Innovative People Solutions, 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 May 10, 2018 and assigned
Florida document number L18000117382	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	sility company here:
Tailor-made People Solutions, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	8161 Pine Lake Rd
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32256
	8161 Pine Lake Rd
Enter new mailing address, if applicable:	Jacksonville, FL 32256
(Mailing address MAY BE A POST OFFICE BOX)	Sacksons inc. 11. Sand
registered agent and/or the new registered office address her- Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Sip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
H Char	nging Registered Agent, Signature of New Registered Agent

MGR = N AMBR = A	lanager authorized Member		FILED 18 MAY 23 PM 3:31	
<u> Fitle</u>	<u>Name</u>	Address	SECRETARY OF STATE	Type of Action
			1000	□ Add
				Remove
				Change
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Please amend my State of	Florida records to show & reflect this business' FEIN nu	imber of 83-0536641. Thanks.
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Affective date, if other than to an effective date is listed, the date in <u>Note:</u> If the date inserted in this locument's effective date on the	ust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,020 rements, this date will not be listed a
e record specifies a delay The 90th day after the re	ed effective date, but not an effective time, a cord is filed.	at 12:01 a.m. on the earlier o
Pated May 21	2018	
	 .	

Page 3 of 3

Filing Fee: \$25.00