

L18000132 3919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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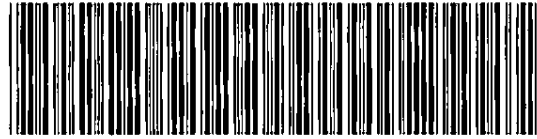
(Business Entity Name)

(Document Number)

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CLERK OF STATE
HALLANDALE BEACH, FL

Y. SULKER

JAN 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golden Guardians Assistive and Education Services, 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:

Natalia C Golden
Name of Person

Golden Guardians
Firm/Company

2910 Kerry Forest Parkway, DA 328
Address

Tallahassee, FL 32309
City/State and Zip Code

info@goldenguardianscare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia C Golden at (850) 329-0833
Name of Person Area Code Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Golden Guardians Assistive and Education Services, 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 11/19/2018 and assigned Florida document number L18000132399.

This amendment is submitted to amend the following:

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

Tailored Support Services, 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)

3653 Cagney Drive

Unit 205

Tallahassee, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2910 Kerry Forest Parkway
D4 - 328

Tallahassee, FL 32309

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:

3653 Cagney Drive, Unit 205

Enter Florida street address

Tallahassee

Florida

32309

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>
CEO	Natalia C Golden	3653 Cagney Drive	<input checked="" type="checkbox"/> Add
		Unit 205	<input type="checkbox"/> Remove
		Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change
AMBR	Natalia C Golden	3653 Cagney Drive	<input checked="" type="checkbox"/> Add
		Unit 205	<input type="checkbox"/> Remove
		Tallahassee, FL 32309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated January 25th, 2022

Natalia C. Gallo
Signature of a member or authorized representative

Natalia C Golden

Typed or printed name of signee

Filing Fee: \$25.00