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Division of Corporations

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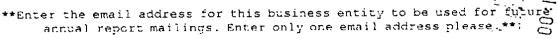
From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

Fax Number

: (323)962-3889



Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAILORED CROWNES LLC

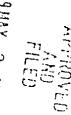
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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT		ED CROWNES LLC				
SUBJEC.1	•	Name of Lim	ited Liability Company			
		Amendment and fec(s) are sub indence concerning this matter				
		Cheyenne Moseley				
			Name of Person			
		Legalzoom.com, Inc.				
			Firm/Company			
		101 N. Brand Blvd., 11t	h Floor		, ~ .	
			Address		0.19	
		Glendale, CA 91203			三 三	<u>.</u>
			City/State and Zip Code		-2	F23
		tailoredcrownesllc@gma				
			to be used for future annual report notific	cation)		
For further	r information c	concerning this matter, please c	all:		: 00	
Cheyenn	e Moseley		800 773-0888 ext	l. 9724	.∷ O	
	Name o	f Person		Telephone Number		
Enclosed i	s a check for the	he following amount:				
☐ \$ 25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is unclosed)	Certified (of Status &	
	MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAILORED CROWNES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company	were filed on 03/29/2019	and assigned
Florida document number L19000087286		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2019
Enter new mailing address, if applicable:		TEC.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, end	ter the name of the new
registered agent and/or the new registered office address her	<u>ਵ</u> :	通 8
Name of New Registered Agent:		
New Registered Office Address:		
New Neglatered Comittee raddress.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i	
I have be account the appointment as registered givent and year	eee to act in this canacity. I further	agree to comply with the

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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Address Title Name. **AMBR** MARTICA DURANT 38 SW 7TH ST, APT. B _□ Add **DANIA, FL 33004** ☑ Remove AMBR 38 SW 7th St. Apt. B ☑ Add Martica Browne Dania, Florida 33004 ____ Remove Remove □ ∧dd _□ Кеточе _____ □ Remove

To: Page 7 of 7

	(optional) filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State) Dated	<u>' .</u> .
the date this document is filed by the Florida Department of State) Dated	(optional) filed date and cannot be more than 90 days after norized representative of a member
Dated 4/22 . 2019 Signature of a member or aud	<u>'</u> .

Page 3 of 3

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