119000090953

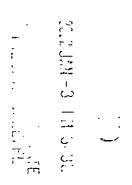
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Signature

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A. BUTLER

JAN - 4 2022

COVER LETTER

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TO:		istration Se ision of Cor					
		Tailormade		•			
SUBJE	ECT:		Name of Lim	nited Liability Cor			
The end	closed	Articles of	Amendment and fee(s) are sub	omitted for filing	<u>!</u> .		
Please	return	all correspo	indence concerning this matter	to the following	ī:		
			Kenyatta Hill				
				Name of I	Person		
			Tailormade Kreationz LLC				
				Firm/Con	opany		
			618 east south st_suite 500		_		
				Addre	88		
			orlando ,fl 32801				
			tailormade7@mail.com	City/State and	Zip Ci	ode	
			E-mail address: (to be used for fut	ure ani	nual report notification)	
For furt	ther in	iformation c	oncerning this matter, please c	all:			
kenyati	ta hill			321 at (806-1084	
		Name o	f Person	Area	Code	Daytime Telephone Number	
Enclose	ed is a	check for th	ne following amount:				
= \$2;	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified radditional	l Copy	y Certificat s enclosed) Certified	e of Status &
	Reg Div	ding Addres gistration S vision of C D. Box 632	Section orporations		Regi Divi	et Address: istration Section sion of Corporations Centre of Tallahassee	
	Tal	lahassee. I	FL 32314			5 N. Monroe Street, Suite 81 ahassee, FL 32303	. 0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

(<u>Name of the Limited Liabil</u> (A Florid	llity Company a da Limited Liabi	<u>s it now appear</u> ility Company)	s on our records.) d: =0 T 0+ 0
The Articles of Organization for this Limited Liability (Company we	re filed on		and assigned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability	company he	ere:	
The new name must be distinguishable and contain the words "Lit	imited Liability (Company," the d	esignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	<u>DRESS)</u> _			
	_			<u> </u>
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX)	_			
	_		<u> </u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	red office add :	ress on our r	ecords, <u>enter t</u>	he name of the new register
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		City	, Flor	ridaZip Code
N. Cimpton if abouting Designation		$\epsilon \dot{w}$		z.ip Code
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and	it and agree . Complete pe	to act in this crformance of	capacity, i furi my duties, and	ner agree to comply with t H 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
manager	Michael A Hill	618 east south st. GA1 Building suite 500 orl.tl 3280.	l ≘ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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. ne .	ve date, if other than the date of filing:(optional)	
(If an effe Note:	ve date, if other than the date of filing:	5,0207 (3 ed as the
f the record ecord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte ed.	r the
Dated	12/17/21	
	Keyev Went LOCC Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee



RECEIVED

2022 JAN -3 PM 2: 42

Letter Number: 821A00028213

FLORIDA DEPARTMENT OF STATE STATE Division of Corporations

November 22, 2021

KENYATTA HILL 618 EAST SOUTH ST SUITE 500 GAI BUILDING ORLANDO, FL 32801

SUBJECT: TAILORMADE KREATIONZ LLC

Ref. Number: L19000090953

We have received your document for TAILORMADE KREATIONZ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

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