(Requestor's Name)	
(Address)	300402199893
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	92/09/2391/918095 **
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	4113123 V-LLU.
	FEB -9 AM 10: 5

Office Use Only

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAILOR-MADE SERVICES, LLC			
( <u>Name of the Limite</u>	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li	ability Company	were filed on	and assigned
Florida document number L20000106602	<u> </u>		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
NESKI ENTERPRISES LLC			
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	3301 North University Drive	
Principal office address MUST BE A STREE	T ADDRESS)	Suite 100 #1123	
		Coral Springs, FL 33065	023 TA
Enter new mailing address, if applicable:		3301 North University Drive	1 6 F
Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	Suite 100 #1123	SSS A
		Coral Springs, FL 33065	
			5 <b>4</b>
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	NA		
	N/A N/A N/A	Enter Florida street address	
		, Florida	Zin Code
Non Busintanud Agant's Cignatum, if shanning I		ca <sub>9</sub>	raji 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.

NIA

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 = N $AMBR = N$	Manager Authorized Member	NIA		
<u>Title</u>	<u>Name</u>	1	Address	Type of Action
<u></u>				
				□Remove
				Change
				□Add
				□Remove
				□Change
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n effective date is listed, the date mate: If the date inserted in this b	block does not meet the applic	able statutory filing	re than 90 days after it requirements, this o	ling.) Pursuant to 605.02 late will not be listed
cument's effective date on the I	Department of State's records		•	
cord specifies a delayed effecti s filed.	ive date, but not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
s med.				
ted	2022			
'cri	<del>,</del> , <del></del>	·		
, B	mall			
<i></i>	Signature of a member or auth	orized representative o	of a member	<del></del>

Filing Fee: \$25.00