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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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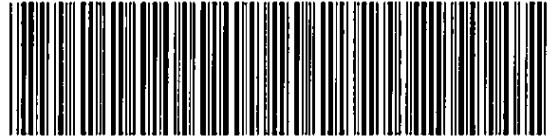
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Lace Wigs 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:

Heisha D. Johnson
Name of Person

Tailored Transporting LLC
Firm/Company

P.O. Box 881051
Address

Port St. Lucie FL 34988
City/State and Zip Code

heishajohnson03@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heisha Johnson at 772 353-9979
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Miami Lace Wigs 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 Apr 27 2020 and assigned
Florida document number L200000112673

This amendment is submitted to amend the following:

EIN# 81-1134008

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

Tailored Transporting 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)

2336 SE Ocean Blvd #200
Stuart FL 34996

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 881054
Port St Lucie FL 34988

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:

Keisha D. Johnson

New Registered Office Address:

2336 SE Ocean Blvd #200

Enter Florida street address

Port St Lucie (KJ) Florida 34988 (KJ)

City

State

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Stuart

34996

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.

Keisha D. Johnson
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>
MGR DIR	Krista Johnson	2336 ^{SE} Ocean Blvd #200 (V) Stuart FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
CEO	← please remove title for Krista Johnson	and replace w/ "managing director"	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
SEC	Chantel Johnson	2336 ^{SE} Ocean Blvd #200 Stuart FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
SEC	Brittany Scumatus	2336 ^{SE} Ocean Blvd #200 Stuart FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
SEC	Amy Brarley	2336 ^{SE} Ocean Blvd #200 Stuart FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Thank You

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Dated

18 February, 2024

Heisha D. Johnson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Keisha D. Johnson
Typed or printed name

Typed or printed name of signee