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COVER LETTER

TO: Registration So Division of Cor			
_{SUBJECT:} Adjustm	ent Consulting LLC		
<u></u>		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Damon Taylor		
		Name of Person	
	Adjustment Consulti	ng LLC	
		Firm/Company	
	1251 Ne 108th St	t #114	
		Address	
	Miami FL 33161		
		City/State and Zip Code	
	d.taylor@tailoredenterpris b-mail address: (se.com to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
Damon Taylor		at (305) 401-2770	
Name o	of Person	at (305) 401-2770 Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adjustment Consulting LLC		ny as it now appea	rs on our records.)	
	ted Liability Compa (A Florida Limited)	Liability Company)	,	
The Articles of Organization for this Limited L	iability Company	were filed on	09/11/2020	and assigned
Florida document number L20000273350				
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company h	ere:	
Tailored Enterprise LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the	designation "LLC" or the abl	reviatio
Enter new principal offices address, if applic	rable:	1801 ne 12	3rd St Suite 314	<u> </u>
Principal office address MUST BE A STREE	ET ADDRESS)			T F
		North Miam	ii, Fl 33181	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1801 ne 12	3rd St. Suite 314	11:58
	<u>,</u>	Miami FL 3	3161	
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her			the name of the n
-	7001 4th Ct N CTC 200			
New Registered Office Address:			orida street address	
St. Pete		sburg . Florida 3370		702
		City		Zip Code

Thereby 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. Thereby 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
CEO	Damon Taylor	1801 ne 123rd St Suite 314	Add
			□ Remove
		North Miami, FL 33181	Change
			202#
			TO REMOVE
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ffective date, if other than the date of f an effective date is listed, the date must be specific ote: If the date inserted in this block does r ocument's effective date on the Department	e and cannot be prior not meet the applic	cable statutory	or more than 90 days a	optional) after filing.) Pursua this date will no	nt to 605.01 t be listed
e record specifies a delayed effectiv The 90th day after the record is fil		ot an effecti	ve time, at 12:0)1 a.m. on the	earlier
November 10	2020	·			
Signature (of a member or auth	norized represent	ative of a member		

Page 3 of 3

Filing Fee: \$25.00