## P1500061912

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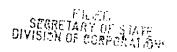
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Taylor Made Servi	ices of Florida Inc	
DOCUMENT NUMB		· · · · · · · · · · · · · · · · · · ·	u=
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jessica Miranda		
•		Name of Contact Person	)
	Financial Consulting Solutio	ns Inc	
•		Firm/ Company	
	5323 Poinsetta Ave		
•		Address	
	Winter Park, Fl 32792		
		City/ State and Zip Code	e
taylor	madeserviceinc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jessica Miranda		at (	334-8929
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 AUG 10 AM 8: 47

Taylor Made Services of Florida Inc (Name of Corporation as currently filed with the Florida Dept. of State) P15000061912 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Taylor Made Services of Florida Inc name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1503 7th ave E B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Palmetto, Fl. 34221 C. Enter new mailing address, if applicable: 1503 7th ave E (Mailing address MAY BE A POST OFFICE BOX) Palmetto, FI 34221 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Jessica Miranda Name of New Registered Agent 5323 Poinsetta Ave (Florida street address) Winter Park Florida New Registered Office Address: (City)

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
(1) X Change	P	Corbet Taylor	1503 7th Ave
Add			Palmetto, Fl. 34221
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	adding additional Art ul sheets, if necessary).	(Be specific)	<u>-</u>		
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an amendmer	<u>it provides for an exc</u>	hange reclassifie	ration or cancellati	an of issued share	• 6
<u>orovisions for i</u>	implementing the amo	endment if not co	ntained in the ame	ndment itself:	-34
(if not apple	icable, indicate N/A)			<del>,</del>	
					-

July 21, 2015	50 10 to 1
The date of each amendment(s) adoption:	William for the state
date this document was signed.	्राष्ट्राच्याच्याः स्टाप्टरहरूको हिन्द्रः इत्याचित्रकाराम्
July 21, 2015  Effective date if applicable:	15 AUC 10
(no more than 90 days after amendment file date)	15 AUG 10 AM 8: 48
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder</li> </ul>	der
action was not required.	
Dated	
Signature (By a director, president or other officer – if directors or officers have not bee	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co-appointed fiduciary by that fiduciary)	n urt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	_
Registered Agent / Authorize	ed Rep.
(Title of person signing)	/