P17000059634

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
<u></u>	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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TJUL 20 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: TAILOR MADE A	ALTERATIONS OF SOUT	TH PASADENA INC
	MBER: P17000059634		
The enclosed Artic	eles of Amendment and fee are st	abmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	MICHELLE M KOTEWA		
		Name of Contact Person	n
	M K FINANCIAL SERVICE	ES	
		Firm/ Company	
	4920 GULFPORT BLVD S		
		Address	
	GULFPORT, FL 33707		
		City/ State and Zip Cod	e
	tailormade105@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further inform	ttion concerning this matter, plea		826-0821
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
Enclosed is a chec	c for the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment

	to	t.	- X - II	2024
	Articles of Inco	orporation		1100
TAILOR MADE ALTERATIONS OF S	**		i.): 2
(Name	of Corporation as currently	filed with the Florida Dept. of State)		
P17000059634			; ·	
	(Document Number of	Corporation (if known)	- 호: 말:	-:-
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Clorida Profit Corporation adopts the follo	owing amo	
A. If amending name, enter the new n	ame of the corporation:			
TAILOR MADE ALTERATIONS INC			The	пен
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrev professional corporation name must co	viation "Co intain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		10641 FIRST ST E SUITE 201	<u>. </u>	
		TREASURE ISLAND		
		FLORIDA 33706		
		10641FIRST ST E SUITE 201		
		TREASURE ISLAND		
		FLORIDA 33706		
D. If amending the registered agent at				
new registered agent and/or the ne				
Name of New Registered Agent	MICHELLE M KOTEWA			
	4920 GULFPORT BLVD S			
	(Florida stre	ot address)		
New Registered Office Address:	GULFPORT	3370 Florida)7	
		City) (Zip Code)	

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

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

Mehille M. Kalewa Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
б) Change		<u> </u>	
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
····	
*	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
19/7	
	<u> </u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	fill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action a	nd shareholder
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	2024 JUN 21 MM 11-10
"The number of votes cast	for the amendment(s) was/were sufficient for approval	JUH 21
by	,	21 h
	(voting group)	
		C: = =
06/13/2024 Dated		5 5
/	11: Platana	·
Signature	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	JULIA HOLMES	
	(Typed or printed name of person signing)	·
	PST	
	(Title of person signing)	