

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM391245

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Endore LLC		09/15/2015	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	Endore LLC		
Street Address:	1720 J & C Blvd., Suite 6		
City:	Naples		
State/Country:	FLORIDA		
Postal Code:	34109		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4903879	TAILORED	
CORRESPONDENCE DATA			
Fax Number:	2392542942		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(239) 254-2905		
Email:	trademarks@hahnlaw.com		
Correspondent Name:	Jeanne L. Seewald		
Address Line 1:	5811 Pelican Bay Boulevard, Suite 650		
Address Line 4:	Naples, FLORIDA 34108		
NAME OF SUBMITTER:	Jeanne L. Seewald		
SIGNATURE:	/jls/		
DATE SIGNED:	07/13/2016		
Total Attachments: 3			
source=Tailored Amended Articles of Organization#page1.tif			
source=Tailored Amended Articles of Organization#page2.tif			
source=Tailored Amended Articles of Organization#page3.tif			

CH \$40.00 4903879

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Endore 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 March 1, 2012 and assigned
Florida document number L12000031453.

This amendment is submitted to amend the following:

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

Tailored 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

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2012 SEP 28 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Kristy Desmarais	603 Cypress Way E.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Dave J. Desmarais	603 Cypress Way E.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Shayne Velasquez	27600 Hacienda E. Blvd. #306D	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2013 SEP 28 AM 11:30
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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SEP 28 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 15, 2015

Dave J. Desmarais
Signature of a member or authorized representative of a member

Dave J. Desmarais

Typed or printed name of signer