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COVER LETTER

TO: Registration Section **Division of Corporations** 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: **DAVID SURINA** Name of Person PARCORP SERVICES, LTD Firm/Company 931 W. 75TH ST. STE. 137-317 Address NAPERVILLE, IL 60565 City/State and Zip Code ekramer421@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **DAVID SURINA** $_{\rm at}$ (630) 660-2020Name of Person 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERISLEEVE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	ny were filed on 1/13/2004	and assigned
lorida document number L0400003577		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
COMP RESOURCE GROUP LLC		
he new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Satura none molling address if applies block		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		er the name of the s
		[
Name of New Registered Agent:		7-19 2-2-19 2-3-19 2-3-19
		14 SE
Name of New Registered Agent: New Registered Office Address:		TAI SEP
	Enter Florida street address	14 SEP -4
	Enter Florida street addrèss , Florida	
	Enter Florida street address , Florida City	SET - L

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Γitle	Name	<u>Address</u>	Type of Actio
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Effective date, if other than the date of filing: (Die effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 2	If amend	ling any other	information, enter change	e(s) bere: (Attach additional sheets,	if necessary:)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 2014						
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 2014						
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 2014		_				
Dated 8126 2014	The effective	ve date must he sp	edific, cannot be prior to date of re	ecipt or filed	date and cannot be more than 9	(optional) O days after
Signature of a member or authorized representative of a member		8126				
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Signature of a member or authorized representative of a member EDIC F- H-RAMER Typed or printed name of signee		EDic		·		

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Filing Fee: \$25.00