L10000084500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

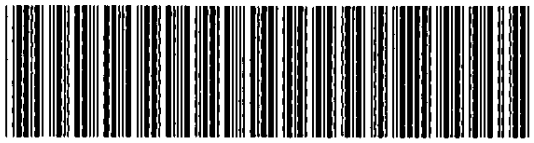
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100252548881

RECEIVED
13 NOV 27 PM 1:52
DIVISION OF CORPORATIONS

FILED
13 NOV 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC - 2 2013

T. BROWN

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 854757 7790408

AUTHORIZATION :

COST LIMIT : $ 25.00

---

ORDER DATE : 11-27-13

ORDER TIME : 9:21 AM

ORDER NO. : 854757-011

CUSTOMER NO: 7790408

---

DOMESTIC AMENDMENT FILING

NAME: MORGAN CLARKE STRATEGIC STAFFING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER'S INITIALS: _____

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
13 NOV 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MORGAN CLARKE STRATEGIC STAFFING, 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 08/12/2010 and assigned Florida document number L10000084500.

This amendment is submitted to amend the following:

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

THE GLOBAL BANKING SOLUTIONS GROUP, LLC

The new name must be distinguishable and end with 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)***

19618 Bellehurst Loop, Land O Lakes, FL 34638

**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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:**

**MGR = Manager**
**MGRM = Managing Member**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Richard Sherriffe | 119 S Warren Street, Trenton NJ 08608 | ☐ Add |
| | | | ☑ Remove |
| MGRM | Richard Sherriffe | 119 S Warren Street, Trenton NJ 08608 | ☐ Add |
| | | | ☑ Remove |
| MGRM | Keri Sherriffe | 14296 Gillette Road, Albion NY 14411 | ☑ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |

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

Dated 11/1, 2013.

Signature of a member or authorized representative of a member

RICHARD SHERRIFFE, MEMBER

Typed or printed name of signee



**Filing Fee: $25.00**