

L11000050681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

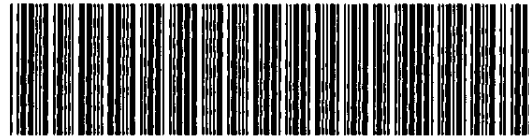
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213941519

11/03/11--01026--006 **30.00

FILED

2011 NOV 29 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 30 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Johnson Facey and Associates LLC
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:

Cavla Johnson

Name of Person

Johnson Facey and Associates LLC

Firm/Company

4722 Hulse Ln

Address

Lakeland, FL 33813

City/State and Zip Code

cjohnson@johnsonfaceyandassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cavla Johnson

Name of Person

at (863)

398-4844

Area Code & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 NOV 29 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 4, 2011

CAVLA JOHNSON
4722 HULSE LN
LAKELAND, FL 33813

SUBJECT: JOHNSON,FACEY AND ASSOCIATES L.L.C.
Ref. Number: L11000050681

We have received your document for JOHNSON,FACEY AND ASSOCIATES L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 311A00025143

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

Johnson Facey and Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2011 NOV 29 AM 11:34
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/29/2011 and as amended.

This amendment is submitted to amend the following:

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

Johnson Workforce Solutions 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: 4722 Hulse Ln
(Principal office address **MUST BE A STREET ADDRESS**) Lakeland, FL 33813

Enter new mailing address, if applicable: 4722 Hulse Ln
(Mailing address **MAY BE A POST OFFICE BOX**) Lakeland, FL 33813

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

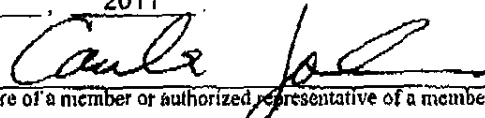
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria Facey	1550 11th St NE #D3 Winter Haven, FL 33881	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated November 29

2011



Signature of a member or authorized representative of a member

Cavla Johnson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
2011 NOV 29 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA