L17000213437

(Requestor's Name)	_
(Requestors Marrie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

Div	ision of Cor	porations		
elib iver.		RVICES LLC	•	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	ensitted for filing.	
			•	
		•	MARIA M CARAZA	
		LIGHT SERVICES LLC	Name of Person	
Name of Person				
	Address			
		-	AAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation ed	oncerning this matter, please ca	all;	
DORA MES	A		at (
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	-	Certified Copy	Certificate of Status &
	M A 11 1	NC ADDRESS:	STREET/COURI	FR ADDRESS:

MAILING ADDRESS:

TO:

Registration Section

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

LIGHT SERVICES LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on a Liability Company)	our records.)	
The Articles of Organization for this Limited L	Liability Company	were filed on OCTOE	BER 16.2017	and assigned
Florida document number 1.17000213437	 -			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
PRO-STAFFING USA SERVICES LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		11201 NW 89TH ST	. APT 220	
Principal office address MUST BE A STREI	ET ADDRESS)	DORAL, FL 33178-2	2376	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)			<u>-</u> :
3. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter</u>	n .p~
Name of New Registered Agent:	MARIA M CA	RAZA		ری
New Registered Office Address:	11201 NW 89T	TH ST. APT 220		
		Enter Florida st	reet address	
	DORAL		, Florida _ ³³	178-2376
		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.

MARIN CARAZA

If Changing Registered Agent. Signature of New Registered Agent

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Add
			□ Remove
		<u> </u>	□ Change
		<u></u>	<u>;</u> □ Remove
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fective date, if other than the d	DECEMBER 22.2018 (optional) & c	
an effective date is listed, the date must	late of filing: (optional) = \(\varphi_c\) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (\varphi_c\)	805,020
ote: If the date inserted in this bloc beament's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be I partment of State's records.	isted a
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e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at $12:01\ a.m.$ on the early is filed.	rlier d
nted	2018	
	Maria CARAZA Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00