

LD8000103643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

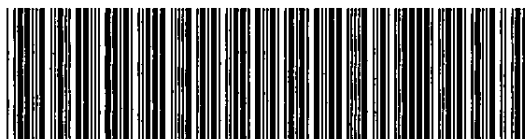
Special Instructions to Filing Officer:

L. SELLERS

DEC 23 2008

EXAMINER

Office Use Only



200139158532

12/22/08--01055--017 **25.00

SECRET
TALLAHASSEE FLORIDA

08 DEC 22 AM 8:30

FILED

Jose M. Menendez
Salus Staffing, LLC
701 Coronado Avenue
Coral Gables, FL 33143
(305) 663-3459

December 18, 2009

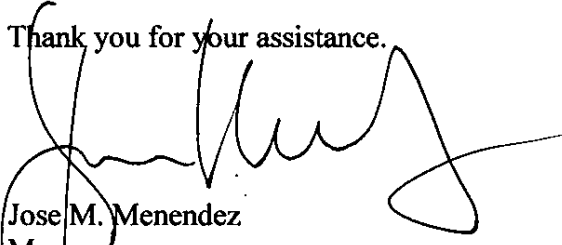
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Change of Corporate Name

Dear Sir/Madam:

Enclosed are cover letter and articles of amendment to change the corporate name of Salus Staffing, LLC to Mahi Investments, LLC.

Thank you for your assistance.



Jose M. Menendez
Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALUS STAFFING, 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:

JOSE M. MENENDEZ
(Name of Person)

SALUS STAFFING, LLC
(Firm/Company)

701 CORONADO AVE
(Address)

CORAL GABLES, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE MENENDEZ at (305) 431-4633
(Name of Person) (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

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

SALUS 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 11/5/08 and assigned
Florida document number L08000103643

This amendment is submitted to amend the following:

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

MAHI INVESTMENTS, 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)

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)

FILED
08 DEC 22 4 8:30
STATE OF FLORIDA
TALLAHASSEE

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

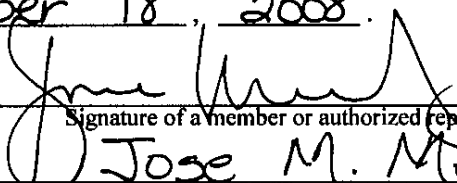
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated December 18, 2008



Signature of a member or authorized representative of a member
Jose M. Menendez, Manager

Typed or printed name of signee

FILED
08 DEC 22 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA