## L05606 115443

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Real	Time HR, LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
	Ben Stout		
	Name of Person	-	
	RealTime Services, Inc.		
	Firm/Company	-	
	4111 Metric Drive		
	Address	- Per 201	
,	Winter Park, FL 32792	2014 MWR 24 Seoretary Callahass	} 
	City/State and Zip Code	- 1889 <b>2</b> 4	-
	bstout@realtimeservices.com		1
	E-mail address: (to be used for future annual report notification)		
For further information co	oncerning this matter, please call:	: 29	
Ben Stout	<sub>at</sub> 407, 645-1003	<u></u>	
Name o		:r	
•			

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

REALTIME HR, LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L05000115443	<u>.               </u> .	
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of th	e limited liability company here:	
REALTIME PEO, LLC	<del></del>	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	2014 HAR
(Principal office address MUST BE A STREET A	ADDRESS)	上京 書
		21
		me -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		<u> </u>
Mulling dadress MAT BE A FOST OFFICE BU	<u> </u>	<del></del>
D. If amounting the projection is a second of the		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, entered eaddress here:	er the name of the new
The new registered office	. uddress here.	
Name of Nam Posistand Asset		
Name of New Registered Agent:		<del></del>
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 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:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
	•		
			Add  ZOLLEAN 24  AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
			AHASSEC, F
			Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
			Remove
		·	<u>,</u>
<del>_</del>			Add
			□ Remove

). If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.M	
(The	effective date, if other than the date of filing:
Dat	March 18 2014
	Land Way
	Signature of a member or authorized representative of a member  Donald L Day
	/ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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