Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000054751 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: STEARNS WEAVER MILLER ET AL FT. LAUDERDALE

Account Number : I20080000044

: (954)462-9571

Phone

Fax Number

: (954)462-9567

LLC AMND/RESTATE/CORRECT OR M/MG RESIG

SIMON LEGAL STAFFING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

MAR 1 0 2009

EXAMINE Page 2009

https://efile.sunbiz.org/scripts/efilcovr.exe

STEARNS WEAVER MILLER

H09000054751

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SIMON LEGAL STAFFING,	LLC		
(Name of the Limited Limited Limited (A Florida Limited	any as it now appears on our records.) Liability Company)		
•			
The Articles of Organization for this Limited Liability Compan	y were filed on February 12, 2001 and assigned		
Florida document number 1.0100002221			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
SIMON PROFESSIONAL STAFFING, LLC			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation		
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)			
	IALE 09		
	SAR AR		
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 he			
N			
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	<u>:</u>		
I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is		
(If Ch	anging Registered Agent, Signature of New Registered Agent)		
Page .	1 of 2		

H09000054751

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 = Ma MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
2			Add ☐ Remove — ➢ S
D. If amend	ing any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	9 MAR -9 AM 8: 27 SECRETARY OF STATE MILAHASSEE, FLORIDA
Dated	Signature of a member or	authorized representative of a member	
	Julia Pincus, Managing Mer		
		Page 2 of 2	

Page 2 of 2

Filing Fee: \$25.00