## L030000 46344

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	)
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SEORLIARY OF STATE VLLAHASSEE: PLORIDA

JUL 2 4 2014 T. BROWN

## **COVER LETTER**

	stration Section of Corpor			•	
SUBJECT:	staff co	onstruction IIc	<b>;</b>		
SUBJECT: _			ted Liability Company		
The enclosed	Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return a	all corresponde	ence concerning this matter t	o the following:		
		michael staff	f		
			Name of Person		
		staff constru	ction IIc		
			Firm/Company		
		42 moody dr			
		· · · · · · · · · · · · · · · · · · ·	Address		
		palm coast f	l 32137		
			City/State and Zip Code		
		staffconstruction	c@gmail.com o be used for future annual	report notification)	
For further int	formation cond	cerning this matter, please ca		report nonneanon,	
	el staf			27 1640	
micha				237-1649	
	Name of Pe	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the f	ollowing amount:			
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee a Certified Copy (additional copy is end		\$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



July 11, 2014

MICHAEL STAFF STAFF CONSTRUCTION LLC 42 MOODY DR PALM COAST, FL 32137

SUBJECT: STAFF CONSTRUCTION LLC

Ref. Number: L03000046344

We have received your document for STAFF CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date cannot be prior to the date of filing.

The document must be signed by a member or an authorized representative of a member.

Please return 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) 245-6051.

Letter Number: 814A00015006

Teresa Brown Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PH 1:45

staff construction IIc

(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 Liabil	lity Company were filed on	11-17-2003	and assigned
Florida document number 103000046344	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	<b></b>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
<u>-</u>		, Florida	<u>.</u>
	Ciţv		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	stephanie staff	42 moody dr	<b>≣</b> Add
		palm coast fl 32137	Remove
			Remove
			□ Add
			□ Remove
			Add
			□ Remove
			Remove
			Add
		<del> </del>	Remove

famending any other information, enter change(s) here: (Attack 49% of stock given to stephanie sta	•
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) e and cannot be more than 90 days after
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)  Dated july 6  Signature of Shamber or authorized r	e and cannot be more than 90 days after

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Filing Fee: \$25.00