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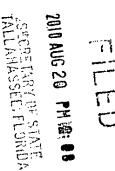
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C. LEWIS

AUG 2 3 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Best Personnel, 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:
Mark L. Verables Name of Person
Ven, LLC Firm/Company
609 S. Ridgewood Avenue
Daytona Beach, FL 32114 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Venables at (386) 253 - 3333 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$\te

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

FILED

2010 AUG 20 PH 2: 08

SECRETARY OF STATE TALLAHASSEE: FLORIDA

Best Personel LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(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 Florida document number <u>LO4000234</u> 30		7 - 2004 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
DAYTONA EMPLOYMENT LL	<u> </u>			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	609 S.Rida	sewood Ave		
(Principal office address MUST BE A STREET ADDRESS)	Daytona B	beach, FL 32114		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	609 s. Rid Daytona B	gewood Ave. each, FL 32114		
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 Flo	rida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Type of Action <u>Name</u> **Address** MGRM MGRM Add 🗌 ☐ Remove ΠAdd Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Augus a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00