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(City/	State/Zip/Phon	e #)
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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N. Culligan SEP 1 8 20131

## **COVER LETTER**

TO:	Registration Sec Division of Corp			et <sup>er</sup>	₩.	•
eun ir		A EMPLOYMENT LLC				
SŲBJE	<u></u>	Name of Limit	ed Liability Company	<del></del>		
•						
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		MARK VENABLES				
			Name of Person			
		DAYTONA EMPLOY	MENT			
		··· · · · · · · · · · · · · · · · · ·	Firm/Company			
		609 SOUTH RIDGE	WOOD AVE			
		_ <del></del>	Address			
		DAYTONA BEACH F	EL 32114			
		mark@daytonaemplo	City/State and Zip Code byment.com			
		E-mail address: (to	o be used for future annual report notificati	on)		
For fur	ther information co	ncerning this matter, please ca	all:			
MAR	K VENABLES		386 253 3333			
	Name of	Person	Area Code & Daytime Te	lephone Number	•	
Enclos	ed is a check for the	following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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 2013 SEP 17 PM 2: 57

**OF** 

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DAYTONA EMPLOYMENT 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 Liabil Florida document number	• • •	004 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the PERSONNEL BEST LLC	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," tl	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(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		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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 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 = Man MGRM = Man	ager anaging Member		
Title	<u>Name</u>	Address	Type of Action
•			Add
			Remove
			Add
			Remove
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2 SEPTEMBER	2013
2 SEPTEMBER	, <del>2013</del>
2 SEPTEMBER	
2 SEPTEMBER  Signate  MARK L VENABLES	ure of a proper frankly of 2kd representative of a member

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE