

L04000067735

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APC WORKFORCE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 17 2021

M. SOLOMON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APC Workforce Solutions, 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 Liability Company were filed on 09/15/2004 and assigned
Florida document number L04000067735.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

420 S. Orange Avenue

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

420 S. Orange Avenue

Orlando, FL 32801

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President, CEO	Burke, James P	420 S. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
		(ADDRESS UPDATE)	<input checked="" type="checkbox"/> Change
COO, Asst. Secretary	Brady, Mark D	420 S. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
		(ADDRESS UPDATE)	<input checked="" type="checkbox"/> Change
Treasurer	Brooks, Chad E	420 S. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
		(ADDRESS UPDATE)	<input checked="" type="checkbox"/> Change
Secretary	Passanisi, Michael	420 S. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
		(ADDRESS UPDATE)	<input checked="" type="checkbox"/> Change
Member	ZeroChaos Holdings, LLC	420 S. Orange Avenue	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
		(ADDRESS UPDATE)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 MAR 16 AM 10:17

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAR 16 AM 10:17

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 16 2021

2000

Signature of a member or authorized representative of a member

Lauren Underwood, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00