## L04000083519

(Requestor's Name)						
(Address)						
(Address)						
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. PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:  L. SELLERS  SEP 2 8 2010  EXAMINER						

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TATIONALITY SEEF FLORIDA.

## **COVER LETTER**

TO: Registration Division of C	Section orporations							
SUBJECT:	Em	plify, LLC						
	Name of Limi	ted Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.						
Please return all corres	pondence concerning this matter	to the following:						
Ivan Dobrin, Managing Member Name of Person								
Emplify, LLC								
Firm/Company								
9715 West Broward Blvd. # 308								
Address								
Plantation, FL 33324								
City/State and Zip Code								
	ivan@emplifyhr.com  E-mail address: (to be used for future annual report notification)							
For further information	n concerning this matter, please c	•	ations					
Ivan Dobrin Name of Person		at ( 954 ) 5	7-1500					
		·	·					
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
			(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Emplify	, LLC			
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on	11/17/2004	and as	ssigned
Florida document numberL0400083	<u> 519                                    </u>				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>·e</u> :		
The new name must be distinguishable and end wit "L.E.C."	h the words "Limi	ted Liability Compa	any," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applications	9715 West B	roward Blvd. # 3	80		
(Principal office address MUST BE A STREE	Plantation, F	L 33324			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE A	BOX)				
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>enter</u>	the mame	of the new
					g T
Name of New Registered Agent:	Ivan Dobrin,	Managing Me	mber		2 <u>6.61489</u>
New Registered Office Address:	9715 West I	Broward Blvd. #		## 3	
		En	ter Florida street ad	ldress c	
	F	Plantation	, Florida _	<b>338</b>	<u> </u>
		City	-	Zip Cod	le

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Name 1 **Address Type of Action** ☐ Add ☐ Remove ☐ Add Remove \_\_\_ Add Remove ☐ Add ☐ Remove □Add Remove ∏Add \_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 \_\_\_\_. 09/10 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Ivan Dobrin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00