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H210001056603ABCV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

: (561)214-8442 Fax Number

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

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Emal:	Address:	

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APC WORKFORCE SOLUTIONS II, LLC  (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company  Florida document number L04000089294	were filed on 12/09/2004	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	420 S. Orange Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32801	35	2021
		* <u>;</u>	HAR.
Enter new mailing address, if applicable:	420 S. Orange Avenue	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	16
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32801		AH <sub>I</sub> IO:
		97.7 	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regi	stered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida street address		
	, Floric		
<del></del> -	City	Zip Code	

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.

Change

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>	Name	<u>Address</u>	Type of Action
President, CEO	Burke, James P	420 S. Orange Avenue	□Add
		Orlando, FL 32801	□Remove
		(ADDRESS UPDATE)	
COO, Asst. Secretary	Brady, Mark D	420 S. Orange Avenue	DAdd
		Orlando, FL 32801	□ Remove
		(ADDRESS UPDATE)	
Treasurer	Brooks, Chad E	420 S. Orange Avenue	□Add
		Orlando, FL 32801	🗆 Remove
		(ADDRESS UPDATE)	■Change
Secretary	Passanisi, Michael	420 S. Orange Avenue	DAdd
		Orlando, FL 32801	Remove
		(ADDRESS UPDATE)	<b>≡</b> Change
			□Add
			□Remove
			Chánge AM 10 AM 10 Remove 7

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		#11 17 # 1 27 # 1 27 * 1
		95 95
ective date, if other than the effective date is listed, the date mu- te: If the date inserted in this blument's effective date on the D	it be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing r	(optional) than 90 days after filing.) Pursuant to 605.0207 equirements, this date will not be listed as
cord specifies a delayed effectives filed.	re date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
March 16	, 2021	
Zuu	Signature of a member or authorized representative of	

Filing Fee: \$25.00