L05000077828

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300159057603

08/05/09--01001--007 **30.00

RECEIVED

OP NIC -4 PH 4: 00

BETWEEN OF CORPORATIONS

TALL SHARESEE

09 AU Secre Taliah

B. KOHR

AUG - 4 2009

EXAMINER

PILLED

9 AUG - 4 PM 4: 45

ECRETARY OF STATE
LI AHASSEE FI STATE



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

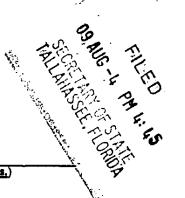
August 4, 2009

CORPORATION NAME (S) AND DOCUMENT SUMBER (S):

Naples Payroll Company, LLC

			•	
Filing Evidence ⊠ Plain/Confirmatio	n Copy		Type of Docume ☐ Certificate of Star	1
□ Certified Copy			⊠ Certificate of God	od Standing
			□ Articles Only	
Retrieval Reque □ Photocopy □ Certified Copy	<u>st</u>		☐ All Charter Docu Articles & Amen ☐ Fictitious Name (dments
NEW FILINGS	Γ		AMENDMENTS	
Profit	2	\mathbf{x}	Amendment	
Non Profit			Resignation of RA Officer/Director	
Limited Liability			Change of Registered Agent	
Domestication			Dissolution/Withdrawal	
Other			Merger	
OTHER FILINGS			REGISTRATION/QUALIFICATION	
Annual Reports			Foreign	
Fictitious Name			Limited Liability	
Name Reservation			Reinstatement	
Reinstatement			Trademark	
			Other	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Naples Payroll Company, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Company were filed on	August 8, 2005	and assigned	
Florida document number				
This amendment is submitted	to amend the following:			
A. If amending name, <u>enter</u>	the new name of the limited liability company	<u>here</u> :		
	Olde Florida Payroll, LLC			
The new name must be distinguing "L.L.C."	shable and end with the words "Limited Liability Co	empany," the designation "LI	LC" or the abbreviation	
Enter new principal offices a	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			

Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
	ered agent and/or registered office address	on our records, enter th	te name of the new	
registered agent and/or the	new registered office address here:			
Name of New Regis	tered Agent			
				
New Registered Off	ice Address:	Enter Florida street addr	ress	
		, Florida		
	City	, Florida	Zip Code	
New Registered Agent's Signs	ture, 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:

<u> Fitle</u>	Name	Address	Type of Action
-			Add
- 1111111-111			- Domesia
			C Demove
			(n
			[""] D amana
			(-1D
D. If amer	ding any other information,	enter change(s) here: (Attach additional sheet	
		Address	
Dated	July 31	, 2009 .	
	x Bra.M	Authorized Regent of a member or duthorized representative of a me	untative
	Signatur		mber
	· · · · · · · · · · · · · · · · · · ·	Brad A. Galbraith Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00