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12 MAY 24 AM 10: 37

SECRETARY OF STATE
DIVISION OF CORPORATION

MAY 2.5 2012 T. HAMPTON

COVER LETTER

;

TO:

Registration Section

Division of C	orporations		
SUBJECT:	A PALM S	STAFFING, LLC	
·		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:	
	E	Emelita M. Vardeleon	
;		Name of Person	
•	Д	Palm Staffing, LLC.	
		Firm/Company	
	3515 F	Palm Harbor Blvd., Suite A	\
4		Address	
	P	alm Harbor, Fl 34683	
<i>;</i>		City/State and Zip Code	
	in	fo@comforthha.com	
	E-mail address: (t	o be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Eme	lita M. Vardeleon	at (727)	682-0053
	of Person	Area Code & Daytir	ne Telephone Number
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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED SECRETARY OF STAFE DIVISION OF CORPORATIONS

	A Palm Staffing, LLC.	12 MAY 24	AM 10: 37
(Name of the Limit	ted Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	3/9/2006	_ and assigned
Florida document numberL060000	26851		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	e of the limited liability company here:		
•	A Palms Staffing, LLC.		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Company,	" the designation "LLC	" or the abbreviation
Enter new principal offices address, if app	licable:		
(Principal office address MUST BE A STR	EET ADDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE BOX)		
B. If amending the registered agent an registered agent and/or the new registered		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street addres.	5
	Liner		<u>v</u>
	City	, Florida	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

		Remove Add Remove Add Remove
		Remove Add Remove
		Remove
		一
		Remove
any other information, enter	change(s) here: (Attach additional sheets, if	12 P
		CRE JARY OF STATE ION OF CORPORATION IAY 24 AM 10: 37
May 18,	2012.	7 HS
	May 18 ,	may 18

Page 2 of 2

Filing Fee: \$25.00