

L06000054285

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(Address)

(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 19 PM 12:11

at Guilford NOV 22 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Docstaff SW Florida Staffing LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kandis DeCarlo

Name of Person

DocStaff SW Florida Staffing LLC

Firm/Company

9220 Bonita Beach Rd. Ste 217

Address

Bonita Springs, FL 34135

City/State and Zip Code

ggirldd@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kandis DeCarlo

Name of Person

at (**978**)

729-6804

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 STATE
DIVISION OF CORPORATION
10 NOV 19 PM 12:11

DocStaff SW Florida Staffing 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 9/11/2006 and assigned
Florida document number L06000054285.

This amendment is submitted to amend the following:

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

SW Florida Staffing LLC

The new name must be distinguishable and end with 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)

141 18th ave ne

naples, fl 34120

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

po box 111588

naples, fl 34108

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:

141 18th ave ne

Enter Florida street address

naples

City

, Florida

34120

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

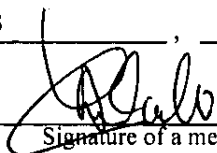
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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SECRETARY OF STATE
DIVISION OF CORPORATION

Dated Nov 18, 2010



Signature of a member or authorized representative of a member

Kandis deCarlo

Typed or printed name of signee