

L060000055213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

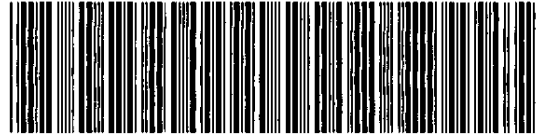
(Document Number)

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09 SEP 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA 1A

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE STAFF AGENCY 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:

TOM

Name of Person

GLOBAL RISK MANAGEMENT ADMINISTRATION

Firm/Company

1348 WASHINGTON AVE. #248

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

JWSET@ATT.NET

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

For further information concerning this matter, please call:

TOM

Name of Person

at (305) 6958888

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

GLOBAL RISK MANAGEMENT ADMINISTRATION
% TOM
1348 WASHINGTON AVENUE, #248
MIAMI BEACH, FL 33139

SUBJECT: THE STAFF AGENCY LLC
Ref. Number: L06000055213

We have received your document for THE STAFF AGENCY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the title of either MGR (Manager) or MGRM (managing member) on the second page of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 109A00029660

Fax 1880 245 6030

Att. Wesley

This has been paid \$25

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE STAFF AGENCY 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 05/30/2006 and assigned
Florida document number L06000055213.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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09 SEP 15 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: GLOBAL RISK MANAGEMENT ADMINISTRATION CORP

New Registered Office Address: 1348 WASHINGTON AVE. #248

Enter Florida street address

MIAMI BEACH, Florida 33139

City

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

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	Address	Type of Action
MGR/ST	BLANCHESTER, TOM	1348 WASHINGTON AVE. #248 33139 MIAMI BEACH, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GLOBAL RISK MANAGEM	1348 WASHINGTON AVE. #248 33139 MIAMI BEACH, FL	<input checked="" 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.)

Dated August 31

2009

Signature of a member or authorized representative of a member

Tom Blanchester

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 15 AM 10:00

FILED