

L670000 62522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

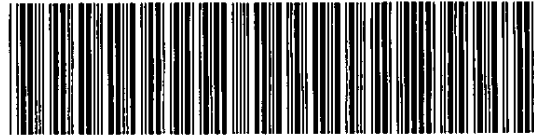
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16 JUL 25 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 25 AM 11:25
TALLAHASSEE, FLORIDA

JUL 27 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN EMPLOYER SOLUTIONS, 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:

RONALD L. HODGE

Name of Person

CORNERSTONE CAPITAL GROUP, INC.

Firm/Company

10000 LINCOLN DRIVE EAST, SUITE 201

Address

MARLTON NJ 08053

City/State and Zip Code

ADMIN@CORNERSTONEPEO.COM

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

For further information concerning this matter, please call:

ZACHARY Z. KING

856 305-9984
at ()

Name of Person

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**

AMERICAN EMPLOYER SOLUTIONS, 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 06/13/2007 and assigned Florida document number L07000062522.

This amendment is submitted to amend the following:

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

CORNERSTONE EMPLOYER SOLUTIONS I, LLC

The new name must be distinguishable and contain 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)

114 NORTHWEST LAWTON ROAD

PORT SAINT LUCIE FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10 WILLOW ROAD

BUILDING 3, SUITE 151

MAPLE SHADE NJ 08052

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:

RONALD L. HODGE

New Registered Office Address:

114 NORTHWEST LAWTON ROAD

Enter Florida street address

PORT SAINT LUCIE

, Florida 34986

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 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.


If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD A. GARCIA	6161 BLUE LAGOON DRIVE	<input type="checkbox"/> Add
		#150, MIAMI FL 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONALD L. HODGE	114 NORTHWEST LAWTON RO	<input checked="" type="checkbox"/> Add
		PORT SAIN LUCIE FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLAH ASSCE FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 01 JULY 2016

[Handwritten signature]

Signature of a member or authorized representative of a member

RONALD L. HODGE

Typed or printed name of signee

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA