

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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12/04/24--01007--008 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Heritage Staffing, LLC
30.00	Name of Limited Liability Company
The en	losed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Preston Kirkpatrick
	Name of Person
	Heritage Management
	Firm/Company
	2605 SW 33rd St Bldg 200
	Address
	Ocala, FL 34471
	City/State and Zip Code
	preston@creheritage.com
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
Presto	Kirkpatrick 352 482-0777
	Name of Person Area Code Daytime Telephone Number

Mailing Address:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heritage Staffing, LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our r Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	ompany were filed on 07/24/2007	and assigned
lorida document number L07000076504	<u> </u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	<u></u>	2024 SEC
		2024 DEC SECRITA
Inter new mailing address, if applicable:		Se 3
Mailing address MAY BE A POST OFFICE BOX)		
		FL S
		m 7
3. If amending the registered agent and/or registered	l office address on our records, <u>s</u>	enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	2002	
	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 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 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>	Address	Type of Action
MGR	Day, James E	2605 SW 33rd St Bldg 200	□Add
		Ocala, FL 34471	≣Remove
			□Change
MGR	Kirkpatrick, Preston	2605 SW 33rd St Bldg 200	= Add
		Ocala, FL 34471	□Remove
			☐ Change
			□Remove
			□Change
			
			□Remove
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an effective lote: If th	late, if other the date is listed, the date inserted is effective date of	date must be spe n this block do	of filing: cific and cates not meeter	nnot be prior t et the applica	o date of filing ble statutory	or more than 96 filing require	(optiona) days after fili ments, this da	ig.) Pursuant to 60	05.0207 (sted as t
record spe I is filed.	ecifies a delayed	effective date.	but not an	effective tir	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day af	ter the
ated	5		,	2024	<u></u> ·				
		2	, _		1/				
-		Signat	ure of a me	mber or autho	ized represent	ative of a mem	ber		
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