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DEC 23 2008

J. BRYAN

EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT: Bilt	res Staffing or (Name of Limite	F Tampa Bay, Ll ed Liability Company)	LC	
	f Amendment and fee(s) are submondence concerning this matter to	<u>-</u>		
	OHO S	Biltres Jr. (Name of Person)		
	Biltres Sta	effing of Tampa E (Firm/Company)	Bay, LLC	
	10408 Whit	te Lake Court (Address)	 .	
	Tampa, Flor	City/State and Zip Code)		DB DEC
For further information	concerning this matter, please cal	ll:		F COI
(Name	Bittes In of Person)	at (<u>8/3</u>) <u>598-63</u> (Area Code & Daytime Te	3 72. elephone Number)	CORPORATIONS 2 PH 3: 1:3
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 enclosed)	□\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is e	

MAILING ADDRESS:

TO:

Registration Section

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

y Please	See
* Please Next t	Page
<u> </u>	

Biltres Staffir (Name of the Limited Liabil (A Florid	ity Company as it now appears on a Elmited Liability Company)	our records.	
The Articles of Organization for this Limited Liability	Company were filed on _O//	17/2008 and assigned	
Florida document number <u>LD8000005</u>	762	80 Sign	
This amendment is submitted to amend the following:		DEFICE 22 F	
A. If amending name, enter the new name of the li	mited liability company here:	1 000 00 00 00 00 00 00 00 00 00 00 00 0	
	··-		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	2	records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City)	, Florida(Zip Code) `	
	(Cuy)	(Zip Coue)	

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)

Page 1 of 2

* Please See Next PASE > 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name &	Address	Type of Action
MGRM	Constandina Mougros	Address 1272 Jasmine Lake Drive Tarpon Springs FL. 34689	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
	New Registered 1 1272 Jasmine Tarpon Springs	e Lake Drive	JUSTARY OF STATE OR DEC 22 PH 3: 19
Dated De	200 Lember 22 nd , 200 Signature of a member of	or authorized representative of a member	
	OHDS. Bil		

Page 2 of 2

Filing Fee: \$25.00