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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

### **COVER LETTER**

Division of Corporations
SUBJECT: Biltres Staffing of Tampa Bay, 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:
Constandina T. Biltres (Name of Person)
Biltres Staffing of Tampa Bay, LLC (Firm/Company)
1272 Jasmine Lake Drive (Address)
Tarpon Spring S. Florida 34689 (City/State and Zip Code)
For further information concerning this matter, please call:
Constandina I. Biltres at (813) 598-6372  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 SECRETARY OF STATE OF TALLAHASSEE FLORIDA

FILED

Riltras Staffing of Tampa Ray

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 08 0000 596</u> 2	were filed on $01/17/2008$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered off	· · · · · · · · · · · · · · · · · · ·

registered agent and/or the new registered office address here:

Name of New Registered Agent:

Constandina I. Biltres

New Registered Office Address:

1272 Jasmine Lake Drive
(Enter Florida street address)

Torpon Springs , Florida 34689
(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)

Page 1 of 2

\* Please See Next Page

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 = Man MGRM = M	ager anaging Membe	er Remove		
<u>Title</u>	<u>Name</u>	4	Address	Type of Action
MGRM		Biltres Jr.	1272 Jasmine Lake Drive Tarpon Springs, FL. 34689	Add Remove
MGRM	Constandi	Biltres na I. Biltres	1272 Jasmine Lake Drive Tarpon Springs, FL. 34689	Add Remove
				Add Remove
<del></del>				Add Remove
				Add Remove
				Add Remove
			s) here: (Attach additional sheets, if necessary.)	- O.u.
<u>C</u> ,	onstandin	a 1. Mongros	is now Constanding. Please change last no Biltres Staffing of Tam	1. Biltres
<u>re</u> 11	cently g	of married, t	Rither Staff of Town	ame Bey L. G
<u>7h</u>	nstanding			
140	(	Registered Age	1 1 2-	_
Dated Apr		nd, 2000 Signature of a member or Constant	9. Billies	OQ APR 24 PH 12: 49 SECRETARY OF STATE APPLANASSEE FLORIDA

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Filing Fee: \$25.00