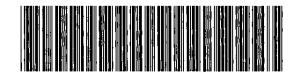
LD8000005962

(Rec	uestor's Name)	
(Add	lress)	
(Add	dress)	
· · · · · · · · · · · · · · · · · · ·	//State/Zip/Phone	- 40
(City	//State/Zip/Prione	e #)
PICK-UP	☐ WAIT	MAIL
(Rus	siness Entity Nar	ma)
(Dus	siness Littly Ival	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		·
٠		

Office Use Only



500241890245

11/19/12--01004--019 **35.00

SECRETARY OF STATE OF SIGNATION OF CORPORATION OF STATE O

C. LEWIS

NOV 3 0 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2012

OTTO BILTRES 1272 JASMINE LAKE DRIVE TARPON SPRINGS, FL 34689

SUBJECT: BILTRES STAFFING OF TAMPA BAY, LLC

Ref. Number: L08000005962

We have received your document for BILTRES STAFFING OF TAMPA BAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00027898

COVER LETTER

,			
TO: Registration S Division of Co			
	•		
SUBJECT: Bil	tres Staffing	sf Tampa Bay, L ted Liability Company	LC
oodser	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
r rease recum an emicsp	ondence concerning this matter	to the following.	
	~ //	0	
	O Ho	Biltres	
		Name of Person	•
		,	
•			·
		Firm/Company	
	1272 JA	Address Address	√ €
		Address	
	Takpon S	Drings FL. 3468 City/State and Zip Code tres Staffing. Con o be used for future annual report no	9
		City/State and Zip Code	
	OHO@bil	tres Staffing . Con	n
	E-mail address: (t	o be used for future annual report not	lification)
For further information of	concerning this matter, please c	all:	
, 0			
OHO KI	tres	at (<u>813) 5 98-6</u> Area Code & Dayti	6372
Name o	of Person	Area Code & Dayti	me Telephone Number
•			
7			
Enclosed is a check for t	ne following amount:		•
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status &

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE. DIVISION OF CORPORATIONS

2012 NOV 29 PM 1:55

_ Biltres	Staf	Fings	of Tamo	a Ray, LL
Biltres (Name of the Limited)	Liability Compan Florida Limited Li	y as it now appea ability Company)	rs on our records)	
The Articles of Organization for this Limited Liz Florida document number <u>L08000055</u>	ability Company		, ,	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>re</u> ;	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compe	any." the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	1272 Jas	smine Lake	Drive
(Principal office address MUST BE A STREET	(ADDRESS)	Tarpon .	Springs FL	Drive . 34689
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>30X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here	:		r the name of the new
Name of New Registered Agent:		Ho Bilt	tres	·
New Registered Office Address:	1272	Jasmine C	Lake Drive ter Florida street a	address 34689 Zip Code
	Tarau S	Orine S	Florida	34689
·	- Jer pane of	City	riorida _	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Constandina I. Bittres		
		Tarpon Springs, FL. 34689	Remove
MGRM	Otto Biltres	1272 Jasmine Lake Driva	-
		Tarpon Springs, FL. 34689	Remove
			Add
	,		Remove
			Add
			Remove
			Add
		·	Remove 3:F
			THIS NOV 25
			Remove SECRETARY OF STATE OF CORPERATION OF CORPERATION OF CORPERATION OF STATE OF CORPERATION O

			2812 NOV	29	PM	1:5
						
		A-				
	CAN Solver	I representative of a member				

Page 3 of 3

Filing Fee: \$25.00