108000036603

(Requ	uestor's Name)
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(City/	State/Zip/Phor	ne #)
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2008 APR 23 AMII: 01
SECRETARY OF STATE

T. CLINE

APR 2 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo		f , , , , , , , , , , , , , , , , , , ,		
_{subject:} Levaria Te	mporary Professiona	ıl Services, LLC		
SUBJECT.		ited Liability Company)		
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Alejandra Figueredo	(Name of Person)		
		(Name of Person)		
	Levaria Temporary F	Professional Services, LLC		
		(Firm/Company)		
	9097 Chambers Stre	eet		
		(Address)		
	Tamarac, FL 33321			
		(City/State and Zip Code)	, ,	
For further information con	cerning this matter, please c	all:		
Alejandra Figueredo		at (954) 865-6251		
(Name of l	Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a check for the	following amount:		TAIL VEC	2008
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Section 1 Section 1 Section 2 Section	2008 APR 23 osed) Sis enclosed) Sis enclosed
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIES Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ions	0

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now appears on our records.)
(A I	Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 04/10/2008	and assigned
Florida document number <u>L08000036603</u>	<u>.</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation	on "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>ent</u> ice address here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stree	AL SE
	(City)	HASS
New Registered Agent's Signature, if changing Re		AM II
the provisions of all statutes relative to the pro accept the obligations of my position as regist	agent and agree to act in this capacity. I furthen oper and complete performance of my duties, and sered agent as provided for in Chapter 608, F.S. egistered office address, I hereby confirm that the hange.	d I am familias with and Or, if this document is
	(If Changing Registered Agent, Signature of Ne	w 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 Address | **Type of Action** Name Title 9097 Chambers Street ✓ Add **MGRM** Alejandra Figueredo Remove Tamarac, FL 33321 Fabio Turrisi 9097 Chambers Street Tamarac, FL 33321 MGRM Remove 641 Nandina Drive Weston FL 33327 ✓Add MGR Rafael Figueredo Remove □Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. April 200 8 Dated Signature of a member or authorized representative of a member Alejandra Figueredo

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00