

LO80000095159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

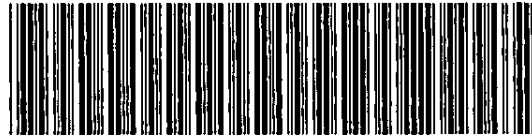
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT

2013 FEB -4 AM 10:20

FILED

J. SAULSBERRY
EXAMINER

FEB 6 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Payroll of St. Augustine, 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:

Theresa Kass

Name of Person

Firm/Company

2730 US 1 South, Suite B

Address

St. Augustine, FL 32086

City/State and Zip Code

staugaccounting@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Kass

Name of Person

at (904) 610-1133

Area Code & Daytime Telephone Number

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL 32301

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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 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
OF**

Payroll of St. Augustine, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/08/2008 and assigned
Florida document number L08000095159.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Staffing of St. Augustitne, Inc	2730 US 1 South	<input type="checkbox"/> Add
		Suite B	<input checked="" type="checkbox"/> Remove
		St. Augustine, FL 32086	
MGRM	Joshua Kass	2730 US 1 South	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		St. Augustine, FL 32086	
MGRM	Theresa Kass	2730 US 1 South	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		St. Augustine, FL 32086	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 27, 2013

Theresa Kass

Signature of a member or authorized representative of a member

Theresa Kass

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FL 92104