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2009 JAN 23 AM II: 05
SECRETARY OF STATE
TALL AHASSEE. FILORIDA

T. CLINE

JAN 26 2009

EXAMINER

· COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: LEGEN	DS STAFFING LLC		
SUBJECT.		ited Liability Company)	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	USHARANI, ELANGOVA	AN	•
(Name of Person)			
		•	
		(Firm/Company)	
	10211 SHADOW BRANC	CH DR	
		(Address)	
	ТАМРА,	FL 33647	TAS 28
		(City/State and Zip Code)	TEC 19 L
For further information c	oncerning this matter, please c	all:	2009 JAN 23 AM 11: 05 SECRETARY OF STATE TALLAHASSEE, FLORID Number)
	JANI	. 042 . 202 0702	EQ 3
USHARANI, ELANGOVAN (Name of Person)		at (813) 283-8783 (Area Code & Daytime To	elephone Number)
, (Manie C	, i cassily	(1.100 0000 00 00)	elephone Number)
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fec & 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)
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGENDS STAFFING LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000098739</u> .	were filed on 10/20/08	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LEGEND SOLUTIONS, LLC			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	10211 SHADOW BRANCH	H DR	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33647	-1 P	
		TEC 19	
Enter new mailing address, if applicable:		SS 23	
(Mailing address MAY BE A POST OFFICE BOX)	- , 	For a	
V		105 T	
		36 OS	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new	
registered agent and/of the new registered office address new	<u>Ŀ</u> •		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	· · · · · · · · · · · · · · · · · · ·	lorida	
	(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)

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			 Add
			Remove
			Add Remove
			Add Remove
			Add
		A CORE	L JA
D. Ifaman	ding any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	Remove
—	unig any other information, enter change(s	Dr	AMII: 05
			_
		•	_
 Dated Janu	ary, 19th 2009 ,,	·	_
	Signature of a member or	authorized representative of a member	
	USHARANI, ELANGOVAN Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00