

109000031798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

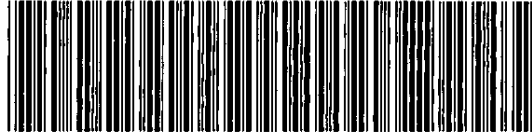
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500151724925

04/23/09--01024--031 **25.00

FILED

2009 APR 23 AM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

APR 24 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUILDING BLOCKS STAFFING AGENCY, 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:

Robert A. Brown

(Name of Person)

Building Blocks Staffing Agency, LLC

(Firm/Company)

7540 103rd Street

(Address)

Jacksonville, FL 32244

(City/State and Zip Code)

FILED
2009 APR 23 AM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert A. Brown at (904) 536-8738
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BUILDING BLOCKS STAFFING AGENCY, 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 April 1, 2009 and assigned
Florida document number L09000031798.

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)

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)

, Florida

(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sheryl Brown	7177 Rampart Ridge Circle North Jacksonville, FL 32244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jacqueline Smith	1251 Donald Street Apt.#2 Jacksonville, FL 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Thelma Smith	7447 Wheat Road Jacksonville, FL 32244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	William Swartz	11034 Sea Road Jacksonville, FL 32220	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jimmy Collins	6256 Countrymen Lane East Jacksonville, FL 32244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 23 AM 12:11

FILED

Dated April 21, 2009

Signature of a member or authorized representative of a member

Robert A. Brown

Typed or printed name of signee