

L09000123394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 16 2013

D. BRUCE



WorkLifeJobs

Helping the Workforce of America

August 14, 2013

SENT VIA FEDEX # 796453889670

Florida Dept. of State
Division of Corporations
Corporate Filings
Clifton Bldg.
2661 Executive Center Circle
Tallahassee FL 32301

RE: WorkLife HR of Florida 1, LLC	L09000123394
WorkLife HR of Florida 2, LLC	L09000123399
WorkLife Financial of Florida, LLC	L07000045460

Dear Sir or Madam:

Enclosed for filing are Articles of Amendment to Articles of Organization for each of the above named entities.

With respect to each entity, we request the following documents in the quantities indicated:

WorkLife HR of Florida 1, LLC	L09000123394	Certificate of Status (1) Certified copies (5)
WorkLife HR of Florida 2, LLC	L09000123399	Certificate of Status (1) Certified copies (33)
WorkLife Financial of Florida, LLC	L07000045460	Certificate of Status (1) Certified copies (32)

Enclosed are checks payable to the Florida Department of State as follows:

\$ 180 – WorkLife HR of Florida 1, LLC
\$1,020 – WorkLife HR of Florida 2, LLC
\$990 – WorkLife Financial of Florida, LLC

Yours truly,
WorkLife Jobs, Inc.

Robert R. Florka
President

10327 Grand River Ave., Ste. 407, Brighton MI 48116
rflorka@worklifehr.com
Tel: (800) 466-2473, ext. 23101
Fax: (248) 269-0020

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WorkLife HR of Florida 1, 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 R. Florka

Name of Person

Progressive Employer Management

Firm/Company

10327 Grand River Ave, Ste 407

Address

Brighton, Michigan 48116

City/State and Zip Code

rflorka@worklifehr.com

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

For further information concerning this matter, please call:

Robert R. Florka

Name of Person

at () 800 466-2473 ext 2310

Area Code & Daytime Telephone Number

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)

☒ \$100.00 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

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TALLAHASSEE, FLORIDA

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2017
AUG 16
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TALLAHASSEE FLORIDA

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

Dated AUG 14 2013, _____



Signature of a member or authorized representative of a member

Robert R. Florka

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA