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Office Use Only



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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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COVER LETTER

TO:

Registration Section Division of Corporations

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

800 466-2473 ext 2310
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□ \$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)

\$180

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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

WorkLife HR of Florida 1, 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 January 1, 2010 and assigned Florida document number _L09000123394 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Progressive Employer Management Company XXI, LLC 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

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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>: MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> Remove Remove Remove Remove

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
	Robert R. Florka
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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