L09000123399

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AUG 1 6 2013 D. BRUCE

COVER LETTER

TO: Registration Section **Division of Corporations**

WorkLife HR of Florida 2, 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)

\$1,021 \$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

WorkLife HR of Florida 2, Ll			
(Name of the Limited I	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)	
(A)	Tiorida Emitted Elability Company)		
The Articles of Organization for this Limited Lia	ability Company were filed on January 1, 20	010 and assigned	
Florida document number L09000123399			
Tionaa document namee:			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
Progressive Employer Management C	ompany XXII, LLC		
The new name must be distinguishable and end with "L.L.C."		gnation "LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)	AN B	
		ARE & I	
		ASS.	
Enter new mailing address, if applicable:		88 2 17	
(Mailing address MAY BE A POST OFFICE B	ROX	THE TE	
	 		
B. If amending the registered agent and/or	r registered office address on our records	, enter the name of the new	
registered agent and/or the new registered off	<u>ice address here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
	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, <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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
			SECRETARY SECRETARY SECRETARY		
			UG I Add		
			OF STATE		
			D. C. Serinave		
		 .			
			Add		
			Remove		
			Add		
			Remove		
			Kellove		

D.	If amendin	g any other information, ent	er change(s) here: (Atta	ch additional sheets, if necessary	<i>ı.</i>)
					
					
					
		8110:1 A 2222	·		
Da	ted	AUG 1 4 2013	,		
	_	Signature of	a member or authorized rep	presentative of a member	
	F	Robert R. Florka			
			Typed or printed name of	of signee	

Page 3 of 3

Filing Fee: \$25.00

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