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COVER LETTER

	Registration So Division of Co			er.	
SUBJEC	`T•	WORKPLACE SO	OLUTIONS PROS, LLC		
SUBJEC	· · ·	· · · · · · · · · · · · · · · · · · ·	ted Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspe	ondence concerning this matter	to the following:		
			Patricia A. Mathews		
			Name of Person		
		W	orkplace Experts, LLC		
			Firm/Company		
	1002 Tara Vista Drive				
	Address				
			Sarasota, FL 34232		
			City/State and Zip Code		
		pat	@workplacexperts.com to be used for future annual report notifica		
		E-mail address: (to be used for future annual report notifica	ition)	
For furth	ner information	concerning this matter, please of	eall:		
	Patri	cia A. Mathews	at (_941_)7	27-1692	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed	d is a check for	the following amount:			
\$25.0	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)	
	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Workp	lace Soluti	ons Pros, LL	.C.	
(<u>Name of the Limited Li</u> (A F	orida Limited L	iability Company)	is on our records.)	
The Articles of Organization for this Limited Liability Company were filed on April 1, 2010 and assigned				
Florida document number L100000363	<u>57</u> .			
This amendment is submitted to amend the follow	_			
A. If amending name, enter the new name of the	ne limited liab	ility company her	<u>'e</u> :	
	orkplace Ex			
The new name must be distinguishable and end with t "L.L.C."	the words "Limit	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		1002 Tara Vi	sta Drive	
(Principal office address MUST BE A STREET	ADDRESS)	Sarasota, FL 34232		
Enter new mailing address, if applicable:		1002 Tara Vi	sta Drive	
(Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL	34232	
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			<u></u>	
New Registered Office Address:	1002 Tara \	/ista Drive		
	Enter Florida street address			
		Sarasota	, Florida	34232
		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 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

<u> Fitle</u>	Name	Address	Type of Action
			Add Remove
			D amazus
			Add Remove
·			Domovio
			Add Remove
D. If amen	ding any other information, ento	er change(s) here: (Attach additional sheets, if i	necessary.)
_ _ _			SE 12
 Dated	August 6	2012 . JANAA	AUG -9 P
	Signature of	a member or authorized representative of a member Patricia A. Mathews Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00