

L10000127592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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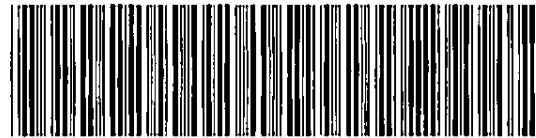
(Business Entity Name)

(Document Number)

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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

REMEDY EMPLOYER SERVICES II, LLC
(L 0000127592)

Filing Evidence

☐ Plain/Confirmation Copy

☒ Certified Copy

Retrieval Request

☐ Photocopy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS

☐ Profit

☐ Non Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☒ Amendment

☐ Resignation of RA Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Reports

☐ Fictitious Name

☐ Name Reservation

☐ Reinstatement

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Liability

☐ Reinstatement

☐ Trademark

☐ Other

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REMEDY EMPLOYER SERVICES II, 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 DECEMBER 14, 2010 and assigned
Florida document number L10000127592.

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 contain 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)

3350 BUSCHWOOD PARK DR.

SUITE 200

TAMPA, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 RIVERFRONT BLVD.

SUITE 300

BRADENTON, FL 34205

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:

NRAI SERVICES, INC.

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

, Florida 33324

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 605, 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.

Ed Sand, ASST. Sec.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLINTON W. BURGESS	3350 BUSCHWOOD PARK DR., STE 200 TAMPA, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER C. GRABOWSKI	3350 BUSCHWOOD PARK DR., STE 200 TAMPA, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	D. ERIC ARFONS	1020 10TH AVE W. SUITE 115 PALMETTO, FL 34221 US	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VINCENT J DIPALERMO	1020 10TH AVE W. SUITE 115 PALMETTO, FL 34221 US	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES C RAMSEY JR.	1020 10TH AVE W. SUITE 115 PALMETTO, FL 34221 US	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CoAdvantage Corporation	3350 BUSCHWOOD PARK DR., STE 200 TAMPA, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be in accordance with the provisions of the law.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable state or SIF requirements, the date must be the date of filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 15th 2021

Signature of a member or authorized representative of a member

PETER C. GRABOWSKI

Typed or printed name of signee

Filing Fee: \$25.00