

LI 000013940

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000641073)))



H110000641073ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 11 AM 9:17

FILED

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JAMES.SCHMIDT@NETZERO.NET

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMBINATION STAFFING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$25.00

T. CLINE
MAR 14 2011
EXAMINER

RECEIVED

11 MAR 11 AM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H110000641073

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COMBINATION STAFFING, 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 02/02/2011 and assigned
Florida document number L11000013940

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 end with the words "Limited Liability Company," the designation "LLC," or the abbreviation
"LLC."

Enter new principal offices address, if applicable: 334 EAST LAKE RD.
#125
PALM HARBOR, FLORIDA 34685
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 334 EAST LAKE RD.
#125
PALM HARBOR, FLORIDA 34685
(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

_____, Florida _____
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

H110000641073

FILED
2011 MAR 1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H110000641073

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>
MGRM	JAMES W. SCHMIDT	334 EAST LAKE RD. #125 PALM HARBOR, FLORIDA 34685	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 MAR 11 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated 3/10, 2011

NICKOLAS J. SRPADLIN
Signature of a member or authorized representative of a member
NICKOLAS J. SRPADLIN AS REPRESENTATIVE
Typed or printed name of signee

H110000641073