

1120000 59952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

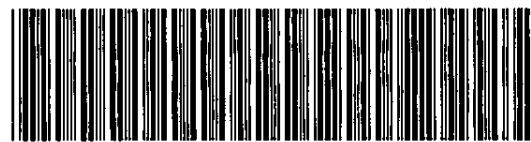
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

DANIEL WILLIS
275 S HWY 17-92 SUITE 213
DEBARY, FL 32713

SUBJECT: ALPHA & OMEGA HUMAN RESOURCE SOLUTIONS LLC
Ref. Number: L12000059952

We have received your document for ALPHA & OMEGA HUMAN RESOURCE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00024752

COVER LETTER

TO: **Registration Section**
Division of Corporations

Principle Address Change
SUBJECT: _____

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:

Daniel Willis

Name of Person

ALPHA & OMEGA HUMAN RESOURCE SOLUTIONS, LLC

Firm/Company

275 S Hwy 17-92 Suite 213

Address

Debary FL 32713

City/State and Zip Code

dwillis@aohrs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Willis

386 775-1346

Name of Person

at _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

| | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

ALPHA & OMEGA HUMAN RESOURCE SOLUTIONS, 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 05-03-2012 and assigned Florida document number L12000059952

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

ALPHA & OMEGA HUMAN RESOURCE SOLL
275 S Hwy 17-92 Suite 213
Debary, Florida 32713

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

ALPHA & OMEGA HUMAN RESOURCE SOLL
275 S Hwy 17-92 Suite 213
Debary, Florida 32713

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

14 DEC -4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AM 10:10
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.

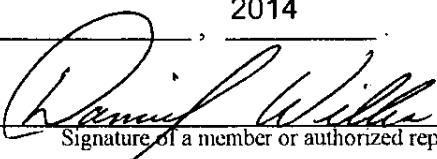
If Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 10th, 2014



Signature of a member or authorized representative of a member

Daniel Willis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

FILED