

L12 0000 55552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

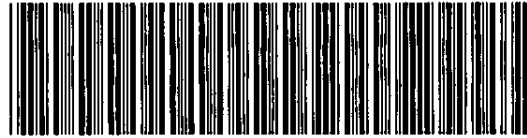
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

623



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

**SUBJECT:** Principle Address Change

\_\_\_\_\_  
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  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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

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.)*

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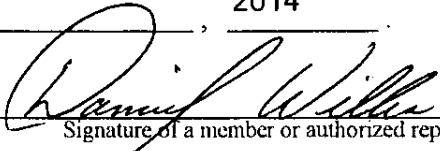
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

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Filing Fee: \$25.00

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