L12000086093

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(Address)			
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(Document Number)			
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C. LEWIS MAR - 6 2013 EXAMINER

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Registration Section Division of Corporations

1st-Staffing.com, LLC

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:

Marcus A Williams

Name of Person

Original Purpose Enterprise

Firm/Company

5854 Gilchrist Road

Jacksonville, FL 32219

City/State and Zip Code

mrmawilliams@yahoo.com

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

For further information concerning this matter, please call:

Marcus A William s

at (407)529-5489

Area Code & Daytime Telephone Number

Name of Person

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)

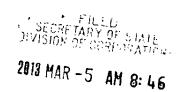
MAILING ADDRESS:

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



1st-Staffing.com, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L12000086093	were filed on 07/02/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Original Purpose Enterprise, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2131 W 45th Street	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 322	219
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Box 435. Jucksonville, FL	39 3×2°3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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

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>	Address	Type of Action	
		·	Add	
	·		Remove	
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
			Add	
			Remove	
			Add	
			Remove	
		-	 	
			Add	
			Add	
			Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess Volunteer Advisor	2013 MAR -5 AM 8: 46
Michael and Mildred Davis, Husband in wife	чп в: 46
February 24 2013	
Signature of a member or authorized representative of a member	
Marcus A. Williams	
Typed or printed name of signee	

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Filing Fee: \$25.00