

L12000129102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

OCT 23 2012

EXAMINER



800240901048

10/22/12--01007--007 **25.00

FILED
12 OCT 22 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFESSIONAL PLACEMENT OF POLK COUNTY, LLC

750 CREATIVE DR, SUITE 1

LAKELAND, FL 33813

863-644-0855

October 19th, 2012

Professional Placement of Polk County, LLC was incorporated originally on August 30th, 2006. L06000085743

On September 28th, 2010, that corporation dissolved by accident, I needed to reinstate it, however was not aware of the proper procedure to do so.

I attempted to create another LLC using the same name and a few days later it denied me the availability to my original name.

So it is currently in the system as "Professional Placement of Polk, LLC"
L12000129102

Please change name back to it's original version of:
PROFESSIONAL PLACEMENT OF POLK COUNTY, LLC

Deanna Steller
863-644-0855

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PROFESSIONAL PLACEMENT PF POLK COUNTY, 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:

DEANNA STELLER

Name of Person

PROFESSIONLA PLACEMENT OF POLK COUNTY, LLC

Firm/Company

750 CREATIVE DR

Address

LAKELAND, FL 33813

City/State and Zip Code

LAKELANDJOBS@AOL.COM

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

For further information concerning this matter, please call:

DEANNA STELLER

Name of Person

at (863)

644-0855

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**

PROFESSIONAL PLACEMENT OF POLK,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 10/10/2012 and assigned
Florida document number L120000129102.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PROFESSIONAL PLACEMENT OF POLK COUNTY,LLC

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)

750 CREATIVE DR

LAKELAND, FL 33813

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

FILED
12 OCT 22 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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>
_____	_____	_____	<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

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

Dated OCTOBER 19TH, 2012



Signature of a member or authorized representative of a member

DEANNA STELLR

Typed or printed name of signee