L13000043638

(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:

W13-65646

Office Use Only

800253985488

11/26/13--01009--010 **25.00

FILED
2014 JAN 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Treasure Coast Payroll, 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:

Emily Gaddy
Name of Person

Treasure Coast Payroll
Firm/Company

378 SE Port Saint Lucie Blvd. #1035
Address

Port Saint Lucie, FL 34984
City/State and Zip Code

egaddy@tcpayroll.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Gaddy at (772) 2614477
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2013

EMILY GADDY
378 SE PORT SAINT LUCIE BLVD. #1035
PORT SAINT LUCIE, FL 34984

SUBJECT: QUICKBOOKS PAYROLL SOLUTIONS, LLC
Ref. Number: L13000043638

We have received your document for QUICKBOOKS PAYROLL 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 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 213A00027382

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Quickbooks Payroll 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 April 1, 2013 and assigned Florida document number L13000043638.

This amendment is submitted to amend the following:

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

Treasure Coast Payroll, 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)

378 SE Port Saint Lucie Blvd. #1035
Port Saint Lucie, FL 34984

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

378 SE Port Saint Lucie Blvd. #1035
Port Saint Lucie, FL 34984

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

Title	Name	Address	Type of Action
MGR	JENNIFER FUERST	3509 SW Vincennes Street	☑ Add
		Port Saint Lucie, FL 34953	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated _____, _____.

Signature of a member or authorized representative of a member

EMILY GADDY

Typed or printed name of signee

Filing Fee: $25.00

FILED
2014 JAN 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA