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COVER LETTER

TO: Registration Section
Division of Corporations

LIFESAVER STAFFING SOLUTIONS, 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:

DEBORAH KALINOSKI

Name of Person

LIFESAVER STAFFING SOLUTIONS, LLC

Firm/Company

4377 Commercial Way, #108

Address

Spring Hill, FL 34606

City/State and Zip Code

dkalinoski@vsccusa.com

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

For further information concerning this matter, please call:

Deborah Kalinoski

_{...}352、263-8173

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

LIFESAVER STAFFING SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Lillined L	clability Company)			
The Articles of Organization for this Limited L Florida document number <u>L13000063550</u>	iability Company	were filed on <u>05/01/2013</u>	a	nd ass	igned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liabi	ility company here:			
The new name must be distinguishable and end with the	words "Limited Liabi	ility Company," the designation "LLC" or	the abbrevia	ation "l	.L.C."
Enter new principal offices address, if applic	able:	4377 Commercial Way, #1	80		
(Principal office address MUST BE A STREE	ET ADDRESS)	Spring Hill, FL 34606			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	4377 Commercial Way, #1 Spring Hill, FL 34606	08		
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address here	2:	ter the n	ame	of the nev
Name of New Registered Agent:	Deborah Ka	alinoski			
New Registered Office Address:	7200 ROYA	AL OAK DRIVE	, , , , , , , , , , , , , , , , , , ,	$\frac{1}{2}$	* • •
		Enter Florida street address	,,,	"" a	7 (44
	SPRING HI	LL, Florida	34607	ii.	· ;
New Registered Agent's Signature, if changing l	Registered Agent:	City	Zip	Code	5
I hereby accept the appointment as registere	~ ~		-	•	•

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JENNIFER MCCONNELL	5408 STORM ROAD	🗆 Add
		LUTZ, FL 33558	■ Remove
MGRM	MELINDA HARBAUGH	212 Sanford Ave	= Add
		Cantonsville, MD 2122	Remove
			□ Add
			Remove
·······		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Add ·
		To Do	□.Remove
			Remove

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e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) ated MAY 16th 2014	cannot be more than 90 days after
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) MAY 16th 2014 Signature of a the piber or authorized representation of the date and the date this document is filed by the Florida Department of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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