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(Req	uestor's Name)	
(Add	ress)	
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(Doc	cument Number)	
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## COVER LETTER .3

COVER LETTER.
TO: Registration Section Division of Corporations
SUBJECT: Florida Labor Specialists 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:
David Curry  Name of Person  Florida Labor Specialists LLC  Firm/Company  7025 CR 46 A Ste 1071-445  Address
City/State and Zip Code  davidrussell curry @ yehov. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Curry at (321) 277-3920     Name of Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \$25.00 Filing Fee & \Bigcup \text{\$60.00 Filing Fee, 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

FILED

2015 AUG 24 PM 4: 12

SECRETARY OF STATE

TALL AHASSEE 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:

New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

Florida Labor Specialists LLC

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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Chanok Stephens	324 Trieste Loop Lake Mary, FL 32746	Add
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Filing Fee: \$25.00