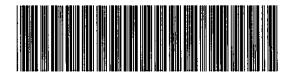
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SECRETARY OF STATE

JUL 0 8 2016 S. YOUNG

## **COVER LETTER**

	EL OUNA	1 4000	SPECIALISTS	LLC	
SUBJECT:	FLORIDA	Name of Limited Li			
The enclosed Artic	les of Amendment and	l fee(s) are submitted	l for filing.		
Please return all co	orrespondence concern	ing this matter to the	following:		
		EUNIFER	STEPHAN Name of Person	<del></del>	
			Name of Person		
			Firm/Company		
			, •	# 1.0	<b></b>
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			ised for future annual report notifica	tion)	25
For further informa	ation concerning this n	natter, please call:			
JENN	OIFER STE	PHAN	at (321 ) 229-	2626	
	Name of Person		Area Code Daytime To	elephone Number	_
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See		ate of Status	Certified Copy	Certificate of S	Status &
			(additional copy is enclosed)	Certified Copy (additional copy is	
	MAILING ADDRESS	S:	STREET/COURIER	ADDRESS:	
Registration Section			Registration Section Division of Corporation		
Division of Corporations P.O. Box 6327			Clifton Building		
•	Fallahassee: FL 32314		2661 Executive: Cente	r Circle	

Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

FLORIDA LABOR  (Name of the Limited Liability Compa (A Florida Limited L		<del></del>
The Articles of Organization for this Limited Liability Company Florida document number 13000068111.	were filed on 05 09 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		6 JUL 9
Enter new mailing address, if applicable:		-5 PM 2
(Mailing address MAY BE A POST OFFICE BOX)		26 28 13 13 13 13 13 13 13 13 13 13 13 13 13
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Cuy	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 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
MGRM	STEPHAN JENNIFER		DbA □
		JENNIFER STEPHAN	Remove
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n effective date i te: If the date	if other than the date is listed, the date must be sp inserted in this block do tive date on the Departn	ecific and cannot loes not meet the	applicable star	tutory filing req	( <b>option</b> nan 90 days after fi uirements, this c	ling.) Pursuant to 6	605.020 isted a
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