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COVER LETTER

Division of Corporations
SUBJECT: Preferred Staffing Group, 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:
Preferre & Staffing Group
11928 Shelden Road Address
City/State and Zip Code Otto D Preferre 1 Staffins of america. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OHD Biltres at (813) 926-1900 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \

MAILING ADDRESS:

Registration Section

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

	affing GROUP, LLC
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 6/27/2013 and sign of sign
Florida document number L130000924	<u>158</u> .
This amendment is submitted to amend the followi	마() 스타트 마()
	e limited liability company here:
A. If amending name, enter the new name of th	e limited liability company here:
Preferred Staffing F	Dice Stout, L.L. C.
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO) Y)
Transfering under ESS WITH BE 111 OUT OF THEE BO	
R 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	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter rioriau street aaaress
_	, Florida
	City Zin 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>Name</u> Address Type of Action <u>Title</u> Remove Remove Remove Remove

				
				
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		Don Ho		
_	Signa	_	authorized representa	
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