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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRELARY OF STATU

B. BOSTICK
'AUG - 6 2013
EXAMINEL

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Prefe	rred Staffing T Name of Limit	Drce Group LLC ed Liability Company			
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Preferred 7853 Gu	Name of Person Staffing (Firm/Company Ann Hishway # Address Fl. 33626 City/State and Zip Code Tred Staffins of ame To be used for future annual report note The staffins of ame The staffins	5804P -24/	2013 AUG -5 AMII: 2	grangen
For further information	concerning this matter, please ca	all:	,		KI-
Josephine Name	BiHres of Person	at (<u>8/3)</u> <u>598</u> - Area Code & Daytii	ne Telephone Number	/0/2 02	
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	□\$60.00 Filing Certificate o		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

treferred Staffing For	rce Group, LLC	
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records liability Company)	<u>.</u>)
	/ landa	2
The Articles of Organization for this Limited Liability Company	were filed on $\frac{\omega/27/20/2}{2000}$	and assigned
Florida document number <u>L13 0000 92 45 8</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2011 S. S. FALL
		1 A A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<u> </u>
Enter new mailing address, if applicable:		SSE 5
(Mailing address MAY BE A POST OFFICE BOX)		3
Transing www.coo harry port 1 op 1 or 1 op 2 or 1		
		<u> </u>
B. If amending the registered agent and/or registered of	ffice address on our records, er	iter the name of the new
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Florid	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Address Type of Action** <u>Name</u> MGRM Panagiotis Koulias 7853 Gunn Highway Xadd #24/____[Tampa, F1. 33626 MGR Panagiotis Koulias 7853 Gum Highway Tampa, F1. 33626 Remove Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
ed	7/31/2013
	Jacks B. H.S.
	Signature of a member or authorized representative of a member Josephine Biltres Typed or printed name of signce
	Josephine Biltres
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00