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J. SAULSBERRY EXAMINER

AUG 08 2013

COVER LETTER

Division of Corporations
SUBJECT: STOPPING PAYROL PARTNERS 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:
GORY KOM JER
Taffing Payroll tartness LC.
2363 Deer Creek Trail
Deerfield Beach FL 33442 City! State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
7 of further information concerning this matter, prease can:
CORY Kam eR at (954) 648 - 2472 Name of Person Area Code & Dayrime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: 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

Staffing to year	pany as it now appears on our records.) (Liability Company)	LC
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compar	iv were filed on 07 - 31-20) 3 and assigned
Florida document number <u> </u>		
riorda document number 27000 70 700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
PR-KAM Yartners		
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the designation	"LLC" or the abbreviation
4944-50-		
Enter new principal offices address, if applicable:	The state of the s	
(Principal office address MUST BE A STREET ADDRESS)		7- 1
•		
Enter new mailing address, if applicable:		9 <u>X</u>
(Mailing address MAY BE A POST OFFICE BOX)	•	\$ 8
B. If amending the registered agent and/or registered	office address on our records, <u>ente</u> r	the name of the new
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	Florido	LC or the abbreviation A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
genamen. Yn malen Yn arden yn daeth y syddiaddiaddiad	City	Zin Coda

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	รรรณา:) 	
_ gyg, and gyg, a think a gyg, and a think a gyg, ye. I then a think a gyg, and the control of t		
Dated January January MM Signature of a member or muthorized representative of a member	ng aguno ar ya haddiganin	
GARY L PAMLER MM Typed or printed name of signee	and a second control of the second control o	
Page 3 of 3 Filing Fee: \$25.00	8/8/13	
ATTN JERALINE SAULSBERMY	-/ / ·	
ATTN JERALINE SAULSBERMY AS PER OUR CONVENSATION PLEASE AMEND OUR NAME TAFFING PAYROLL PARTNERS LLC TAFFING PAYROLL PARTNERS LLC	CROM	
RIVASE AMEND OUR NAME.	70	
TATELING PAYROLL PARTNERS LL	201:	
TAFFING PAYROLL PARTNERS LLC	2013 AUG -1	, , ,, ,,
$A \cap A \cap A$	B AH W	i
THANKS GARY	AH ID: 02	
GARY		