

L13000159157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

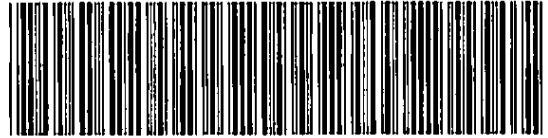
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NOT AVAILABLE

Office Use Only



900311751789

04/12/18--01010--019 \*\*35.00

FILED  
18 JUL 18 PM 4:15  
COURT CLERK  
JUL 18 2018

K SALY  
JUL 18 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2018

WELCO ONE, LLC.  
JUSTIN MAYS  
2579 N TOLEDO BLADE BLVD  
NORHT PORT, FL 34289

SUBJECT: WELCO ONE, LLC.  
Ref. Number: L13000159157

We have received your document for WELCO ONE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L18000055899 "WORKSITE, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00010795



**WORKSITE**  
FINANCIAL SERVICES

FILED  
18 JUL 16 PM 4:15  
STATE

June 28, 2018

Florida Department of State  
Division of Corporations

To Whom it May Concern;

In April 2018, we submitted a name change form and payment for Welco One, LLC (L13000159157). The request was denied because we had already purchased the name Worksite, LLC separately. We have since inactivated that name (L18000055899) and are requesting the name change again. I have enclosed the original request, a copy of the check and a copy of the inactive status of Worksite, LLC for your records.

Please contact me if you require additional information.

Thank you,

Nola Ricci

RECEIVED  
JUL 02 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Welco one 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:

Justin Mays  
Name of Person

Worksite, LLC  
Firm/Company

2579 N. Toledo Blade Blvd.  
Address

North Port FL 34289  
City/State and Zip Code

nolaricci@worksiteemployee.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Mays at ( 941 ) 677 0110  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
18 JUL 16 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Welco one LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2013 and assigned  
Florida document number L13000159157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Worksite, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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

FILED  
18 JUL 16 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0400  
Type of Action

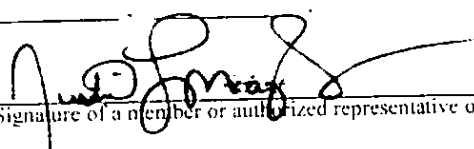
<u>Title</u>	<u>Name</u>	<u>Address</u>	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
18 JUL 16 PM 4:16  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
Justin Mays  
\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2018

WELCO ONE, LLC.  
JUSTIN MAYS  
2579 N TOLEDO BLADE BLVD  
NORTH PORT, FL 34289

SUBJECT: WELCO ONE, LLC.  
Ref. Number: L13000159157

We have received your document for WELCO ONE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00007638

FILED  
21 APR 2018  
MENT OF  
OF CORP  
ASSESS