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COVER LETTER

SUBJECT: THER	GH + HUMAN RE Name of Limi	SOUNCES STAFFINITED LIABILITY COMPANY	6-Solutions, CLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	MARIE M. THERIGHT	LAPLANTE Name of Person HUMAN RESOURCE Firm/Company	ESSTAFFINGSOLUTIONS, ((C
		Address	
	MARIE DRIGHT E-mail address: (1	City/State and Zip Code + HRSQ [U+ions. (OM) to be used for future annual report notif) ication)
For further information cor	ncerning this matter, please ca	all:	
MARIE M. Name of	LA BLA-NTR Person	at (7. 54) 422 - Area Code Daytime	2363 Telephone Number
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 (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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**

Name of the Limited Liability Compan (A Florida Limited L	Resources Solutives it now appears on our records.) iability Company)	tions, LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000170046</u> .	were filed on $0.8/0.5/1.6$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
RIGHT HUM AN RESOURES The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and new name must be distinguishable and new name must be distinguis	SIAFFING SOLUTION ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		16 00
Enter new mailing address, if applicable:	SAME	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the nev
Name of New Registered Agent:	- MARIE M. LA	aplante
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	··· v	•

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Mon	3.6		
MGR =	_		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marie M. LAPLANTE		🗹 Ádd
			Remove
			Change
MGR	MARIE M. PAUL		
			the Remove
			Change
			🗆 Remove
			Change
			🗀 Add
			□ Remove
			Change
			Add
			□ Remove
			□ v gg
			C Remove
			_□ Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARIE M. LAPLANTE	
BA	RIGHTHR STAFFING SOLUTIONS	
		
		_
•		
		
		
(11 an <u>Not</u>	ective date, if other than the date of filing: 10/17/16 (optional) 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records.	o 605.0207 (3 c listed as th
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the entering the record is filed.	arlier of:
(b) T		arlier of:
(b) T	he 90th day after the record is filed. ed	arlier of:
(b) T	he 90th day after the record is filed. ed 10/17, 16. Marie M. Laplante Signature of a member or authorized representative of a member MARIE M. LABLANTE	<u>.</u>

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Filing Fee: \$25.00