

L14000062316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

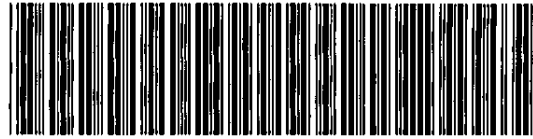
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Bush 11/14/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Labor Pros, 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:

Nekeya Parks

Name of Person

The Labor Pros, LLC

Firm/Company

390 N. Orange Ave., Suite 2300

Address

Orlando, FL 32801

City/State and Zip Code

orlandotax@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Fike

Name of Person

407 299-0086

at ()

Area Code

Daytime 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

NEKEYA PARKS
390 NORTH ORANGE AVE STE 2300
ORLANDO, FL 32801

SUBJECT: THE LABOR PROS, LLC
Ref. Number: L14000062316

We have received your document for THE LABOR PROS, 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):

You submitted the wrong type of form, proper forms are enclosed.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 414A00012617

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Labor Pros, 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 04/16/14 and assigned
Florida document number L14000062316.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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)

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TALLAHASSEE, FLORIDA

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: Nekeya Parks (Name Change)

New Registered Office Address: 390 N. Orange Ave., Suite 2300
Enter Florida street address

Orlando, Florida 32801
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.


Nekeya Parks
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nekeya Nunn - name change	390 North Orange Avenue	<input type="checkbox"/> Add
		Suite 2300	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32801	
MGR	Nekeya Parks	390 North Orange Avenue	<input checked="" type="checkbox"/> Add
		Suite 2300	<input type="checkbox"/> Remove
		Orlando, FL 32801	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

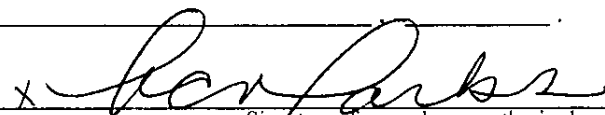
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

All areas with Nekeya Nunn listed needs to be amended
to Nekeya Parks as her name has change since the
original filing of the Articles of Organization.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

x 

Signature of a member or authorized representative of a member

Nekeya Parks

Typed or printed name of signee

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TALLAHASSEE, FLORIDA