

L14000115750

(Requestor's Name)

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☐ PICK-UP

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(Document Number)

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14 AUG 26 PM 4:30

FILED
2014 AUG 26 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan AUG 27 2014

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 08/26/2014

REF. #: 7748354.9255617

CORP. NAME: LEAN STAFFING, LLC

☐ ARTICLES OF INCORPORATION ☒ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY

☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70020304 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

☐ CERTIFIED COPY
☐ CERTIFICATE OF GOOD STANDING
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

LEAN STAFFING, 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 07/22/2014 and assigned
Florida document number L14000115750.

This amendment is submitted to amend the following:

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

LHSF, LLC

The new name must be distinguishable and end with 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: NRAI Services, Inc.

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
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.


Asst. Secretary
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>
AMBR	LEE FUTERNICK	1300 SAWGRASS PARKWAY	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		SUNRISE, FLORIDA 33323	
AMBR	DAVID BELL	1300 SAWGRASS PARKWAY	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		SUNRISE, FLORIDA 33323	
AMBR	ROBERT CADENA	1300 SAWGRASS PARKWAY	<input type="checkbox"/> Add
		SUITE 110	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33323	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 08/26/2014



Signature of a member or authorized representative of a member

LEE FUTERNICK

Typed or printed name of signee

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Filing Fee: \$25.00

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