Division of Corporations **Electronic Filing Cover Sheet**

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|--|-------|
| Doing so will generate another cover sheet. | ١١ |
| | וע כד |

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LECALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email Addre | *** | | |
|-------------|-----|--|--|

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HAMILTON MORTON STAFFING, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/21/2014

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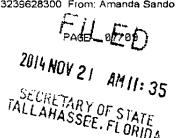
COVER LETTER

| TO: Registration S Division of Co | ection rporations | | |
|--------------------------------------|---|---|---|
| Hamilton | Morton Staffing, LLC | | |
| SUBJECT: | | ited Liability Conspany | |
| The englosed Articles 0 | F Amendment and fec(s) are sub | mitted for Elina | |
| | ondence concerning this matter | • | |
| | Cheyenne Moselcy | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | · | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 100 W. Broadway Suite | 100 | |
| | ************************************** | Address | |
| | Glendale, CA 91210 | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | |
| | tmorton@hmstaffing.com | n to be used for future singual report notifi | (cation) |
| For further information | concerning this matter, please of | <u>-</u> | |
| Imelda Vasquez | | 323 962-8600 ez | n 7950 |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | the following amount: | | |
| □ \$25.00 Filing Fee | Cl \$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) |

MAJLING 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 Tallabassee, FL 32301 11/19/2014 14:12

9417479718

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



| Hamilton Morton 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 11/12/2014 and assigned Florida document number L14000175156 |
| 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 "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 strost address |
| , Florida |
| City Zip Code |
| New Registered Agent's Slopature, 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 |

If Changing Registered Agent, Signature of New Registered Agent

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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.

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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> | Name | Address | Type of Action |
|--------------|-----------------|--|----------------|
| MGR_ | Tom Morton | 1234 Tidewater Court | □ Add |
| | | Bradenton | ☑ Remove |
| | | · FL | 34208 |
| MGR | Thomas H Morton | 1234 Tidewater Court | |
| | | Bradenton | □ Кетоуе |
| | | FL | 34208 |
| | | | ☐ Add |
| | | | □ Ветоуе |
| | | ************************************** | TILE WIN 35 |
| | | | - FAM 2 - |
| | | | SS R |
| | | | FISH S |
| | | | Add |
| | | | □ Веточе |
| | | | |
| | | | |
| | | | D Remove |
| | | | |

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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:
(The effective date must be specific, amnot be prior to date of receipt or filed date and council be more than 90 days after the date this document is filed by the Florida Department of Sizie.)

Dated

11/19/2014

Signature of a member or authorized representative of a member Noel O'Rear Morton

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Typed or printed name of signes

Filing Fee: \$25.00

MILLARISSEE, FLORIGE