## L15000015616

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15 JUN 30 PH 12: 45
SECRETARY OF STATE
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T. HAMPIOGS

## **COVER LETTER**

то	Registration Section Division of Corpo			
SU	вјест:	Name of Limit	M STAFFING, LLC led Liability Company	
The	e enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Ple	ase return all correspond	lence concerning this matter t	o the following:	
			Name of Person	
		HCT CERT	Firm/Company	ITANTS
		3816 HOLLY	WOOD BOULEVARD, SL Address	JITE 203
		н	OLLYWOOD, FL 33021 City/State and Zip Code	
		E-mail address: (t	rains729@gmail.com o be used for future annual report notice	fication)
For	r further information cor	cerning this matter, please ca	dt:	
上	HCT CERTIFIED F Name of F	PUBLIC ACCOUNTAN Person	NTS at ( 954 ) C Area Code Daytime	066-4435 c Telephone Number
En	closed 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM	STAFFING, LLC	on our records \	
(A Florida	ty Company as it now appears of Limited Liability Company)	m our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	01/27/2015	and assigned
Florida document numberL15000015616	<del></del> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	2:	
The new name must be distinguishable and end with the words "Li	mited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	377 NORTH	STATE ROAD	7, SUITE 201
(Principal office address MUST BE A STREET ADDI	RESS) PLANTATION	ON, FLORIDA 3	3317
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	15 JUN 30 PHOT THE TENTS TATE ORIDA
Name of New Registered Agent:			<u></u>
New Registered Office Address:			
	Enter Florid	a 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 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>	Address	Type of Action
_MGR_	CATHERINE MALCOLM	2280 SW 139TH AVENUE	🗆 Add
		DAVIE, FLORIDA 33325	☑ Remove
MGR	DIEDRE MALCOLM	POST OFFICE BOX 14035	⊠ Add
		FORT LAUDERDALE, FL 33302	Remove
			□ Add
			□ Remove
			Remove
		PH HA	SECRETARY PHI
			OF FLORIDA
<del></del>			🗖 Add
			Remove

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Tective d	ate, if other than the date of filing:
e date this o	locument is filed by the Florida Department of State)
ne date this o	tate, if other than the date of filing:
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Page 3 of 3

Filing Fee: \$25.00

