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PICK-UP				
(i	Business Entity Name)			
(1	Document Number)			
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04/13/17-01024--003 **25.00



O SIMMONS APR 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations

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TOP NOTCH STAFFING LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kass G. LAVIN <u>LAN OFFICE ROSS LAVIN PA</u> Firm Company 1481 S-MILITARY TR.L NO. 9 Address WEST PATIN BCH FL 33415 City/State and Zip/Code RLC ROBSLAVINLAN. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSS LAVIN at (561) 641 5440 Area Code Daytime Telephone Number

Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing F

□ \$30.00 Filmg 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)



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** <u>TOP NOTCH STAFFING UC</u> (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{\neg 7}$ 15 and assigned Florida document number <u>L15000</u>13304 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	HAITHEM SHA	HEEN			
New Registered Office Address:	19310 AUTUMN WOODS TVE . Enter Florida street address				
	TAMPA:	Florida 53 64 7 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	THOMAS HAMMOND	30839 WOOLEY CT 33543 WESLEY CHAPEL, FL	🗆 Add
		WESLey CHAPEL, FL	Kemove
			Change
MGR	HAITITEM SHAHEEN	19310 AUTYMN WOODS AVE.	Add
		TAMPA, FL 33647	C Remove
			Change
			🗆 Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

201 Dated hen Shal Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00