## 415000127693

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co					
OMS PEO					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Julia Beatty				
	<del></del>	Name of Person			
	OMS PEO, Inc.				
		Firm/Company			
	PO Box 508				
		Address			
	Lakeland, FL 33802				
		City/State and Zip Code			
	jbcatty@omsgroup.com		<del></del>		
	E-mail address: (	to be used for future annual report notific	cation)		
For further information of	concerning this matter, please co	all:			
Julia Beatty		904 819-1657 at ()			
Name o	of Person	Arca Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,		
= 323.00 Thing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration		Street Address: Registration Sect	ion		
Negionadon -	OCCUOII				

Registration Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMS PEO IV, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000127693</u>	were filed on July 27, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Staff 360 Administrators, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	26 Lake Wire Dr	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33815	
Enter new mailing address if applicable	PO Box 508	20
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33802	
		5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addres	<u> </u>
	. Fl	orida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
		<del></del>	□Add
			Remove
			Change
			□Add
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(If an ef Note:	ive date, if other than the date of filing:
the recor	d 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 led.
Dated	All Ogh
	Signature of a member or authorized representative of a member
	the Chahra

A ....

Filing Fee: \$25.00