

U5000205370

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TALLAHASSEE FLORIDA

JUN 05 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WORKFORCE QA, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

RICK J TENNANT
Name of Person

WORKFORCE QA
Firm/Company

1430 S. MAIN STREET
Address

SALT LAKE CITY UTAH 84115
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK J TENNANT at (801) 502-6608 MOBILE
Name of Person Area Code Daytime Telephone Number
(801) 503-3431 OFFICE

Enclosed 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**

WORKFORCE QA 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 DEC 09, 2015 and assigned Florida document number L15000205370.

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 "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)

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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 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICK TENNANT	1430 S. MAIN STREET	☒ Add
		SALT LAKE CITY, UTAH 84115	☐ Remove
			☐ Change
MGR	John Vail	1430 S. MAIN STREET	☒ Add
		SALT LAKE CITY, UTAH 84115	☐ Remove
			☐ Change
MGR	INTERACTIVE MEDICAL CONNECTIONS, INC	1430 S. MAIN STREET	☐ Add
		SALT LAKE CITY, UTAH 84115	☒ Remove
			☐ Change
MGR	INTERMOUNTAIN MRO SERVICES, INC.	1430 S. MAIN STREET	☐ Add
		SALT LAKE CITY, UTAH 84115	☒ Remove
			☐ Change
MGR	COMPLIANCE SAFETY SYSTEMS, LLC	1430 S. MAIN STREET	☐ Add
		SALT LAKE CITY, UTAH 84115	☒ Remove
			☐ Change
MGR	CIS WFQA, LLC	1430 S. MAIN STREET	☐ Add
		SALT LAKE CITY, UTAH 84115	☒ Remove
			☐ Change

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANOO P MISHRA	505 20 th ST N #1200	☒ Add
		BIRMINGHAM, AL 35203	☐ Remove
			☐ Change
MGR	BOYD EVANS	1430 S. MAIN ST	☒ Add
		SALT LAKE CITY UTAH 84115	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

PLEASE REMOVE ARTICLE III;

EMPLOYER DRUG PROGRAM MANAGEMENT

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, 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)

Note: 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.

Dated JUNE 1ST, 2017.

RICK S. TENNANT

Signature of a member or authorized representative of a member

RICK S TENNANT

Typed or printed name of signee

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