

L16000099264

07/11/2016 00:54 PROFESSIONAL SERVICES, LLC

(FAX) 305 403 1061

P.001/006

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H16000165200 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PROFESSIONAL SERVICES
Account Number : I20040000024
Phone : (786) 303-5010
Fax Number : (305) 403-1061

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

Email Address: _____

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TEMP GROUP LLC

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COVER LETTER

A16000165200

TO: Registration Section
Division of Corporations

SUBJECT: TEMP GROUP 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:

FRANK DIAZ

Name of Person

PROFESSIONAL SERVICES LLC

Firm/Company

3128 CORAL WAY

Address

MIAMI FL 33145

City/State and Zip Code

PROFESSIONALSERVICES55@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK DIAZ

at (786) 303-5010

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

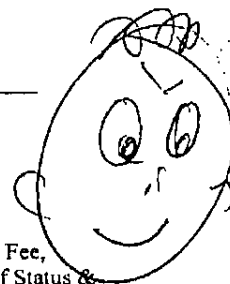
☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

Thank you



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1416000165200

TEMP GROUP 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 05/20/2016 and assigned
Florida document number L16000099264.

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)

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

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 A 9 51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

or removed from our records:

416 000 165200

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|--------------------------|----------------|---|
| AMBR | CRISTINA PATRICIA FALLIT | 11391 SW 64 ST | <input checked="" type="checkbox"/> Add |
| | | MIAMI FL 33173 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ENRIQUE EDUARDO LONGHINI | 11391 SW 64 ST | <input checked="" type="checkbox"/> Add |
| | | MIAMI FL 33173 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MARIA BELEN LONGHINI | 11391 SW 64 ST | <input checked="" type="checkbox"/> Add |
| | | MIAMI FL 33173 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA

... information, enter change(s) here. (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 06/28/2016 (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)

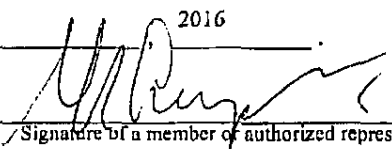
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/28

2016


Signature of a member or authorized representative of a member

MARIA BELEN LONGHINI

Typed or printed name of signer

2016 JUN 11 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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