L16000104356

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name))
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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M. MILLIGAN FEB 0 9 2017



January 19, 2017

KARISSA SZALACH 9466 SEMINOLE BLVD #113 SEMINOLE, FL 33772

SUBJECT: GLOBAL PLANT SERVICES LLC

Ref. Number: L16000164356

We have received your document for GLOBAL PLANT SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000076607.

Please list the correct date of filing and document number.

P12000076607

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00001182

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Global Plant	Services LLC		
SCHOLECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Karissa Szalach		
			Name of Person	-
			Firm/Company	
		9466 Seminole Blvd #113		
			Address	
		Seminole, FL 33772		
			City/State and Zip Code	
		kbtalent@kbtalent.onmicros		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please co	all:	
Karissa Szal	ach		727 308-0503	
	Name of	Person		Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

	TO	_	
ARTI	CLES OF O	RGANIZATION F	
Global Plant Services LLC			ecords.)
(Name of the Limit	A Florida Limited L	ny as it now appears on our s hability Company)	ecords.)
The Articles of Organization for this Limited Li		were filed on 9/7/16	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of KB Talent LLC The new name must be distinguishable and contain the w			"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	9466 Seminole Blvd. #11	3
(Principal office address MUST BE A STREE		Seminole, FL 33772	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>B<i>OX</i>)</u>	Same as above	
B. If amending the registered agent and/or the new registered of			cords, enter the name of the new
Name of New Registered Agent:	Karissa Szalach		
New Registered Office Address:	9466 Seminole 1	Blvd. #113	
		Enter Florida street	address
	Seminole		_, Florida ³³⁷⁷²
		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>	<u>Name</u>	Address	Type of Action
MGR Karissa Szalach	5001 112th St N		
		Saint Petersburg, FL 33708	Remove
			□ Change
MGR	MGR Bradley Szalach	5001 112th St N	= Add
		Saint Petersburg, FL 33708	Remove
			Change
MGR	MGR Pamela Szałach	5001 112th St N	
		Saint Petersburg, FL 33708	Remove
			☐ Change
MGR	AGR Beth Pankow	8280 Robin Road	
		Seminole, FL 33777	Remove
			☐ Change
		·	□ Remove
			☐ Change
 			
			☐ Remove
			□ Change

	, enter change(s) here: (Attach additional sheet	
· · · · · · · · · · · · · · · · · · ·		
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	- to the to the total to the to	

ffective date, if other than the date	e of filing:	(optional)
lote: If the date inserted in this block of	does not meet the applicable statutory filing requirem	nents, this date will not be listed
ocument s'effective date on the Depart	tment of State's records.	
e record specifies a delayed eff The 90th day after the record	fective date, but not an effective time, at it is filed.	12:01 a.m. on the earlier
January 11	2017	
Karissi	a Szalach	
Sign Karissa Szalach	nature of a prember or authorized representative of a member	टा
SEMEROUS CERSIONIS	Typed or printed name of signee	-
		19 0
		ALC ON F

Filing Fee: \$25.00