116000190773

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COVER LETTER

TO: Registration S Division of Co		, ,	
HR Advan	stage II, LLC		
Source:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Charles A Barreto		
		Name of Person	
	HR Advantage II, LLC		
		Firm/Company	
	2001 W. Busch Blvd Suite	e A	
		Address	
	Tampa, FL 33612		
		City/State and Zip Code	·········
	chuck@aps-payroll.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifall:	ication)
Charles A Barreto		813 239-3082	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

HR Advantage II, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	11
The Articles of Organization for this Limited Liability (Florida document number L16000190773	Company were filed on 10/17/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
HR Business Solutions of Florida, LLC		r.3
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	THE CO.
Enter new mailing address, if applicable:		A 9 20 OF STATE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Julie A Caputo	14650 SW 92nd Ave Tigard, OR 97	Add
			□ Remove
			☐ Change
			☐ Add
			☐ Remove
			□ Change
			Add
		 	□ Remove
			☐ Change
			Add
			☐ Remove
		***************************************	☐ Change
			Add
			☐ Remove
			Sign Grange
			TOTAL TORION
			SSET GERMONE
			ORIDA TATE CIAN

14650 SW 92nd Ave Tigard, O	R 97224					
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record specifies a delayed effective day after the date must be the first the date inserted in this block cument's effective date on the Department of the first the day after the record specifies and elayed effective day after the record elayed ela	e specific and cannot be k does not meet the a artment of State's rec	oplicable statutory ords.	or more than 90 days Tling requirements,	this date	will not b	e listed
ed November 18th	, 2016	·				
	Child.	But			2018	
Si	gnature of a member or	authorized represent	tive of a member	28	7	
				y in among		

Filing Fee: \$25.00