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MAR 24 2017 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2017

SHARICA Y JACKSON JS STAFFING LLC 713 SUNBRIGHT DRIVE SEFFNER, FL 33584

SUBJECT: JS STAFFING LLC Ref. Number: L17000045111

We have received your document for JS STAFFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 617A00004750

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COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: JS Staffing L.L.C	
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:	
Sharica V. Jackson	
JS Stoffing LLC	
Firm/Company	-
T13 Sunbright Drive. Address Seffner, FL 33584 City/State and Zip Code sharical 70 gmail. com	
Seffner, FL 33584 City/State and Zip Code	
shancal7@gmail.com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Shanca Y. Jackson at (813) 454-2301	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	•
\$25.00 Filing Fee Solution Status Sta	

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

JS Staffi			
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L1700004</u>		o. 27,2017 and assigned	
This amendment is submitted to amend the following	g:		
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 desi	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable			_
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	TALLA HAR 10	
B. If amending the registered agent and/or r registered agent and/or the new registered office:		our records, enter the name of the	iti
Name of New Registered Agent:	4.64		_
New Registered Office Address:	Enter Florid	a 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 Name Address Type of Action Sharica V. Jackson 713 Sunbright Drive Daw Seffner 4L 33584 ☐ Change □ Add □ Remove ☐ Change □ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00