٠, -1 L17(00054)(Requestor's Name) (Address) 600334757776 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Certified Copies _____ Special Instructions to Filing Officer: 2020 1. . - 4 PY: 4: 40 N()\$ Office Use Only R. WHITE Wa-2236

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2020 MIN - 5 / 211 1:58 FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 30, 2020

AUDREY MCGUCKIN **1386 MONTEREY BLVD NE** ST PETERSBURG, FL 33704

SUBJECT: AUDREY MCGUCKIN - TALENT SOLUTIONS LLC Ref. Number: L17000054576

We have received your document for AUDREY MCGUCKIN - TALENT SOLUTIONS 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):

You failed to make the correction(s) requested in our previous letter.

The PROFIT BENEFIT CORPORATION Form cannot be filed to amend a Florida limited liability company. You will need to file Articles of Amendment for a Florida LIMITED LIABILITY COMPANY. Please see the enclosed forms and instructions.

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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor Letter Number: 120A00002266

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2020

AUDREY MCGUCKIN 1386 MONTEREY BLVD NE ST PETERSBURG, FL 33704

SUBJECT: AUDREY MCGUCKIN - TALENT SOLUTIONS LLC Ref. Number: L17000054576

We have received your document for AUDREY MCGUCKIN - TALENT SOLUTIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a PROFIT BENEFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 520A0000675

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www.sunbiz.org

COVER LETTER

TO: **Registration Section Division of Corporations**

NOPEY M'GNEKIN TALENT SOLUTIONS Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:

ANDREY M'EVERIN Name of Person ANDREY M'EVERIN TALENT SOUTIOLS Firm/Company 1386 Monterey BWd, NF GREESENG, FL, 33704 audrey audrey mcgrickin - com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAPEY MiGRCKIN at (727) 7934236 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) S60.00 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 Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF					
(Name of the Limited Liability Compar (A Florida Limited L	(in The utilisof Archisli: 140 ny as it now appears on our records.) Jability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $___1700005$, 49	were filed on and assigned 576				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liabi</u> MC GUCKIN GROUP U	L				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable: (Principal office address MUST BE <u>A STREET ADDRESS)</u>	556 montery BLVGI, NE ST letesburg, FL, 33704				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1386 Montern Brug NE ST Retesting, FL, 33704				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>				
Name of New Registered Agent:	NIA				
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Add
			🗖 Remove
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. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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			-				
				<u>-</u>			
fective d:	ate, if other than	the date of	filing:		2020	(optiona	1) 1g.) Pursuant to 605.020

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	2/28/2020	
	Andrey MCEVERN	
	Signature of a member or authorized representative of a member	
	ALIDREY MCGVORIN	

Typed or printed name of signee

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