

L17000072182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

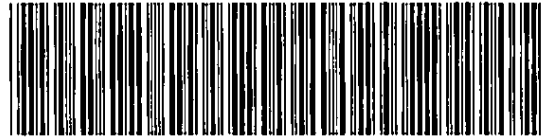
(Business Entity Name)

(Document Number)

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FILED
17 SEP 28 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2017

TROY LOUIS WHITE
11102 58TH ST CIR E
PARRISH, FL 34219 US

SUBJECT: MOUNT SINAI STAFFING SUPPORT SERVICES, LLC
Ref. Number: L17000072182

We have received your document for MOUNT SINAI STAFFING SUPPORT 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):

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

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 917A00018876

2017 SEP 20 AM 11:14

REGISTRATION SECTION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

PROFESSIONAL DETAILING COMPANY

SUBJECT:

DRIVEN, THE

Name change, new agent.

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:

TROY LOUIS WHITE

Name of Person

DRIVEN

Firm/Company

11102 58th St Cir E

Address

PARKERSH FL 34219

City/State and Zip Code

WHITE.TROY28@Y

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

For further information concerning this matter, please call:

LEONAR MEDINA WHITE

Name of Person

at (941) 879 4181

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Mount Sinai Staffing Services 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 08/30/2017 and assigned Florida document number L17000072182.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DRIVEN THE PROFESSIONAL RETAILING COMPANY

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)

1102 58th St Cir E
Parrish FL 34219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Troy Louis White.

New Registered Office Address:

1102 58th St Cir E

Enter Florida street address

Parrish

City

Florida

34219

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.

[Signature]
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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change name and agent as follow:

Mount Sinai Staffing Support Services, LLC
Agent: Lomar E. Medina-White
to .

DRIVEN
Agent: Troy L. White .

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 09/24/2017 .

Signature of a member or authorized representative of a member

Lomar E. Medina-White .

Typed or printed name of signee