

L17000151525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

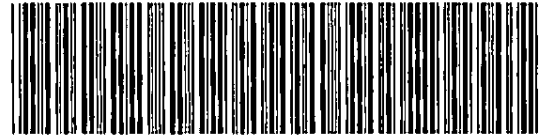
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/04/17--01015--007 **30.00

FILED
17 NOV 13 4:10:18
JULY 31 2017

NOV 15 2017

Peter Kulina
11/5/2017
100 Northcliff Drive
Unit 534
Gulf Breeze, FL

Attn: Ms. Simmons
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Ms. Simmons:

I received the letter regarding my name change request for document #L17000151525, PTK StaffSeekers LLC to Staffseekers LLC. Please find a letter from the former owner of the StaffSeekers Incorporated name releasing all claim to it. You are still in possession of the check for the amendment fees but if there is anything else you are in need of to finalize this amendment, please contact me.

Thank you,



Peter Kulina
11/5/2017

2017 NOV 13 PM 3:41

Beth Gardner
100 Northcliff Drive
Unit 534
Gulf Breeze, FL

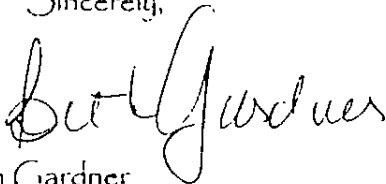
11/5/2017

Attn: Ms. Simmons
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Ms. Simmons:

My name is Beth Gardner. I am the former owner of the fictitious name, "StaffSeekers Incorporated" document #P16000086395. I hereby relinquish all claim to this entity and all future rights to reinstate the StaffSeekers name.

Sincerely,

A handwritten signature in cursive script that reads "Beth Gardner". The signature is written in dark ink and is positioned above the printed name.

Beth Gardner

11/5/2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTK StaffSeekers LLC

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:

Peter Kulina

Name of Person

PTK Staffseekers LLC

Firm/Company

100 Northcliff Drive Unit 534

Address

Gulf Breeze, FL 32563

City/State and Zip Code

Staffseekersllc@gmail.com

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

For further information concerning this matter, please call:

Peter Kulina

850 291-4179

at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PTK STAFFSEEKERS 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 _____ and assigned
Florida document number L17000151525.

This amendment is submitted to amend the following:

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

STAFFSEEKERS LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

17 Nov 13

☒ Change

☐ Add

☐ Remove

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

N/A

17 NOV 13 AM 10:18
MICHIGAN

FILED

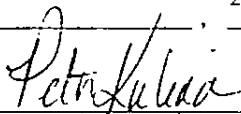
E. Effective date, if other than the date of filing: _____ (optional)

(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 November 1, 2017



Signature of a member or authorized representative of a member

Peter Kulina

Typed or printed name of signee