417000/6301/

(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



200434168802

08/02/24--01025--019 **25.00

#17 - - 11 3: 26

60/0./24

COVER LETTER

TO:

Registration Section

Division of Corporations Ultimate Staffing Intl. LLC SUBJECT: _ 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: Serge Dazile Name of Person Ultimate Staffing Intl, LLC Firm/Company 2800 W Oakland Pk - Ste 209B Address Oakland Park, FL 33311 City/State and Zip Code dazilegroup@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Serge Dazile 317-8287 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & S25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

signed
signed
.L.C."
·

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

<u>Title</u>	<u>Name</u>	Address	1	ype of Action
				□Add
				□Remove
				☐ Change
				□Add
				∐Remove
				Change
				□Add
			•	□Remove
			FH St 26	□Change □Add
			7. F. 7. 6.	□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				Remove
				- Chancu

		 			
					
					
			_		
				<u> </u>	
		- <u>-</u>			
					
					
			-	· · · · · · · · · · · · · · · · · · ·	* 1
				*	
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	Pij
	<u>.</u>			1.17.	CO
				77	56
				·	
Mective date, if other than than effective date is listed, the date of the date inserted in this ocument's effective date on the	block does not meet t	he applicable stat	filling or more than 9t utory filling requirer	(optional) days after filingments, this date) Pursuant to 605.020 will not be fisted a
record specifies a delayed effectis filed.	tive date, but not an ef	ffective time, at 1.	2:01 a.m. on the ear	lier of: (b) Th	e 90th day after the
JULY 8	20	24			

Typed or printed name of signee