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## **COVER LETTER**

	Registration Se Division of Co					
C110 107		TE STAFFING SERVICES LI	C			
SUBJEC		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
riease re	turn an correspo	ondence concerning this matter  John Hallock	to the rogoving.			
			Name of Person		•	
		ELITE CHOICE MARKI	ETING LLC			
			Firm/Company	_		
		8892 Livingston Way				
		·	Address		8	*
		Boynton Beach, FL 33472			1 31	でです。
		accounts@therxhelper.com	City/State and Zip Code to be used for future annual report notif		PL OCT 31 P & 16	۱ آ
For furth	er information c	E-mail address: ( concerning this matter, please e	·	ication)		
John Ha	llock		954 417-7064			
	Name (	of Person	at () Area Code Daytimo	e Telephone Number		
Enclosed	is a check for t	he following amount:				
\$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Talfahassee, 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

ADVOCATE STAFFING SERVI		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I		and assigned
Florida document number 1.17000208158	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	;
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the ne
Name of New Registered Agent:	ELITE CHOICE MARKETING L	.C
New Registered Office Address:	8892 LIVINGSTON WAY	
	Enter Floria	i street address
	BOYNTON BEACH	Florida <u>33472</u>
	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.

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>	Type of Action
MGR	ELITE CHOICE MARKETING LLC	8892 LIVINGSTON WAY	<b>⊟</b> Add
		BOYNTON BEACH, FL 33472	
			Remove
			Change
MGR	ELITE CHOICE MARKETING LLC	8103 STIRRUP CAY CT	
		BOYNTON BEACH, FL 33436	<b> </b>
			& Remove
			☐ Change
	<del>-</del>		Add
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ffect	ve date, if other than the date of filing:	(optional) 🤼	
ote:	retive date is listed, the date must be specific and cannot be prior to date of lifting or more than 90 day If the date inserted in this block does not meet the applicable statutory tiling requirement ent's effective date on the Department of State's records.	s after filing.) Pursuant to 60	)5,0207 ted as
	ord specifies a delayed effective date, but not an effective time, at 12 90th day after the record is filed.	:01 a.m. on the earl	ier of
me	South day after the record is filed.		
Dated	OCTOBER 25 2018		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00