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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### **COVER LETTER**

				•
SUBJECT		Staffing services LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
TO: Registration Section Division of Corporations  ShowTime Staffing services 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:  Rodney R Mahair  Name of Person  ShowTime Staffing Services, LLC  Firm/Company  102 6th ave  Address  Howey in the Hills FL, 34737  City/State and Zip Code RodneyMahair@icloud.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Rodney R Mahair  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)				
	ShowTime Staffing services LLC  T: Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  um all correspondence concerning this matter to the following:  Rodney R Mahair  Name of Person  ShowTime Staffing Services, LLC  Firm/Company  102 6th ave  Address  Howey in the Hills FL, 34737  City/State and Zip Code  RodneyMahair@icloud.com  B-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  Mahair  352  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount:  0 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy			
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			Address	ed for filing.  he following:  Name of Person  LLC  Firm/Company  Address  Sity/State and Zip Code  e used for future annual report notification)  at (
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	cation)			
For further	information c	oncerning this matter, please ca	all:	
Rodney R	Mahair			
	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ShowTime Staffing Services, LLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on o la Limited Liability Company)	ur records.)
	Company were filed on Novemb	er 07,2017 8:00am and assigned
The Articles of Organization for this Limited Liability Company were filed on November 07,2017 8:00am and assigned Florida document number L17000230147  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LTC" or the abbre		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:		PE ARE
(Principal office address MUST BE A STREET ADD	RESS)	A S R
	***************************************	Jan Emor
Enter new mailing address, if applicable:		STATE LORID
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	-11	
	Enter Florida str	eet address
	C)	, 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 Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Leticia Mahair	102 6th ave Howey in the hills fl 34	□ Add
			□ Remove
		<del></del>	☐ Change
AMBR	Leticia Mahair	102 6th ave Howey in the Hills fl 3-	■ Add
			□ Remove
			☐ Change
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		<b>W</b>	Add
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lf an e: <b>Note:</b>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.	er of:
Dated	Febuary 12, 2018 , 7:20 pm	

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Filing Fee: \$25.00