

L18000017725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

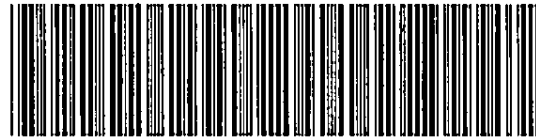
(Business Entity Name)

(Document Number)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TSJ Staffing, 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:

Margot McDonald

Name of Person

TSJ Staffing, LLC

Firm/Company

4412 Carver Woods Drive Ste 200

Address

Cincinnati, OH 45242

City/State and Zip Code

ckorb@tsjnews.com

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

For further information concerning this matter, please call:

Carlee Korb

Name of Person

513 686-8995
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

TSJ Staffing, 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 1/19/2018 and assigned
Florida document number L18000017725.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

_____, 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, 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>
COO	Margot C McDonald	4412 Carver Woods Drive	<input type="checkbox"/> Add
		Ste 200	<input checked="" type="checkbox"/> Remove
		Cincinnati, OH 45242	<input type="checkbox"/> Change
MGR	Carlee A Korb	4412 Carver Woods Drive	<input type="checkbox"/> Add
		Ste 200	<input checked="" type="checkbox"/> Remove
		Cincinnati, OH 45242	<input type="checkbox"/> Change
Owner	Brian Wiles	4412 Carver Woods Drive	<input checked="" type="checkbox"/> Add
		Ste 200	<input type="checkbox"/> Remove
		Cincinnati, OH 45242	<input type="checkbox"/> Change
Owner	Josh Guttman	4412 Carver Woods Drive	<input checked="" type="checkbox"/> Add
		Ste 200	<input type="checkbox"/> Remove
		Cincinnati, OH 45242	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Josh Guttman 50% owner #287844810

Brian Wiles 50% owner #199628889

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 2/6 , 2018



Signature of a member or authorized representative of a member

Brian Wiles

Typed or printed name of signee

RECEIVED
FEB 7 2018
CLERK