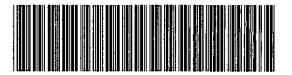
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(Addr	ress)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SECRETIONS OF STATES

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COVER LETTER

то:		gistration Serision of Cor		*	
SHR	JECT:	Central Flo	rida Labor Services LLC		
SUB	JEC1.		Name of Lim	ited Liability Company	
The e	enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return	all correspo	ondence concerning this matter	to the following:	
			Jason P Bentley		
				Name of Person	· · · · · · · · · · · · · · · · · · ·
			Central Florida Labor Serv	vices LLC	
				Firm/Company	
			P O Box 747		
				Address	
			Winter Haven FL 33882		
			124@	City/State and Zip Code	
			green124@tampabay.rr.cor E-mail address: (n to be used for future annual report no	otification)
For fi	urther ir	nformation c	oncerning this matter, please ca	all:	
Jo G	reene			863 324-2100 at ()	
		Name o	f Person	Area Code Dayti	me Telephone Number
Enclo	osed is a	a check for th	ne following amount:		
S	325.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
ility Company were filed on 02/13/201	8 and assigned
ing:	
e limited liability company here:	
s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
e:	
ADDRESS)	- ia 60
registered office address on our readdress here:	FILED WALLS AND 119 26 MAR 15 AN 119 26
r . n · t ·	
Enter Florida stree	
City	, Florida Zip Code
i 11 14 15	registered office address on our readdress here: Enter Florida street

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>	Address	Type of Action
MGR	Jason P Bentley	2600 Overlook Drive Winter Havei	Add
			□ Remove
			☐ Change
MGR	Raymond O Bentley Jr	2600 Overlook Drive Winter Havei	Add
			Remove
			Change
MGR	Robert W Bentley Jr	2600 Overlook Drive Winter Have	= Add
			SECONOR CHARGE
			Remove
			☐ Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			☐ Change

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ffective date, if other that an effective date is listed, the da	n the date of filing	cannot be prior to	date of filing or	more than 90 days	optional) s after filing \ Pursus	ant to 605 020
lote: If the date inserted in to ocument's effective date on	his block does not m	eet the applical	ole statutory fil	ing requirements	s, this date will no	ot be listed a
e record specifies a del The 90th day after the		ate, but not	an effective	e time, at 12:	01 a.m. on th	e earlier (
ated March 13	,	2018	_ '			
		5		>		
			-			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee