118000155117

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000315753920

07/20/18--01009--022 **25.30

SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	Rebecca U	O. Photographe	7, rrc
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	Kar	en S. Keaden	
	Gulf	Beach S Law	DA
	Pos+	Office Box 117	39
		City/State and Zholode	
	E-mail address:	+ OQUIF beach of the board for the board for the board for the control of the board for the board fo	Slaw.Com
For further information	concerning this matter, please c		
Karens	S. Kealer	at (<u>727)</u> <u>822</u> Area Code Daytime	-2200 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing 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, F1, 32301

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

ReDecco	inhility Company as it now appears on our records.) Horida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L.18.00045511</u>	lity Company were filed on June 25, 2018 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	City Zip Code
New Registered Agent's Signature, if changing Regi	stered 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. Thereby 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 = N AMBR = A	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			🗅 Change
			Add
			□ Remove
			Change
			Remove Thanks
			FULZO THE DE RUSSEE FLORIDA RUSSEE F
			☐ Change
			☐ Remove
			☐ Change

______ Change

<u> </u>	-				
					
					
					•
					
·					
				70 /	
				100 A	رب. ا
					١.
			· · ·	<u>フ</u>	
		·			
			- 		
nte: If the date inserte	than the date of filing the date must be specific and d in this block does not me e on the Department of St	eet the applicable state	filing or more than 90 days story filing requirements.	optional) after filing.) Pursuant to 605, this date will not be liste	.0207 ed as
	a delayed effective da r the record is filed.	ate, but not an eff	ective time, at 12:0)1 a.m. on the earlie	er of
ned July	Signartire of a n	2018 Juniber or authorized rep	esemanive of a member		
	Karons	3. Keastor	, Registered	lont	

Page 3 of 3

Filing Fee: \$25.00