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COVER LETTER

TO: Registration Sect Division of Corpo	orations		
SUBJECT: La	bor Subm	ission Serviu	s LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jusania,	Gonzaliz Cayo	12n65
	Labor (Compliance Pa	enas equirement LLC
	P.O Box		
			86
	Yesys (12190	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ication)
For further information cor	ncerning this matter, please ca	all:	
Gesenia !	TONZALEZ COSC	Area Code Daytime	239
Name of I	⁹ erson	Area Code Daytime	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, F1, 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

	U	1		ASE 🛨	
Hoisor Selbin (Name of the Limited	11551001 c	Services	LLC	CREIA	
(Name of the Limited	V Florida Limited L	ny as it now appear Jability Company)	s on our records.)	Ş. Ş. Ş.	j Tari
The Articles of Organization for this Limited Lia Florida document number <u>L18000[6988</u>	bility Company	were filed on	09/26/2018	OF STATE	
This amendment is submitted to amend the follow	ving:			•	
A. If amending name, enter the new name of the first some file and contain the work. The new name must be distinguishable and contain the work. Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	DeGierds Limited Kabil	tife, ne of the d	esignation "LLC" or the a Concay Wi The second of the se	bbreviation "L.L.C." Alexander	– Bo
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE B	<u>0X)</u>	P.O. Bo Winder	K 3/16 no.ce, FL 3	34786 ·	— — —
B. If amending the registered agent and/or			our records, enter	the name of the	2 new
registered agent and/or the new registered offi		=			
Name of New Registered Agent:	Jeson	a Jona	dez Cerden	43	
New Registered Office Address:		hater blor	ubi straet address		_
	<u>Oi</u>	lisado	Florida	32835 Zip Code	
		CWC		z.ip 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
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Dec 41	
Note:	te date, if other than the date of filing:
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 17th 2018
	The state of the s
	Signature of a member or authorized representative of a member
	Lesconia Genzalez Condenas Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00