218000194046

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)			
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2018 SEP 10 PM 4: 4:

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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: LABOR COMPLIANCE DEPA	ARTMENT U.S LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
Please return all correspondence concerning this	s matter to the following:
YADIRA ZELAYA	
Name of Person	
LABOR COMPLIANCE DEPARTMENT	U.S LLC
Firm/Company	
5716 SW 140TH AVENUE	
Address	
MIAMI, FL. 33183	
City/State and Zip Code	
laborlaw@laborcompliancedepartment.c	org
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
YOAN GONZALEZ	786 5647780
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LABOR COMPLIANCE DEPARTMENT U.S. LLC

2018 SEP 10 PM 4: 40

(Name of the Limited Liability Company as it now appears on our records.) REJARY OF STATE TALLAHASSEE. FL The Articles of Organization for this Limited Liability Company were filed on August 14, 2018 and assigned Florida document number L18000194046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LABOR COMPLIANCE CENTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15130 SW 58TH ST. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33193 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

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> MGR	Name	Address	Type of Action
	YADIRA ZELAYA	1735 W. 60TH ST.	X X ∧dd
		M-222	Remove
		HIALEAH, FL 33012	□ Change
			
			Remove
			☐ Change
	•		□ Remove
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be ck does not meet the a	pplicable statutory	or more than 90 days a	ptional) officer filing.) Pursuant to 605, this date will not be liste	.0207 ed as
ne record specifies a delayed The 90th day after the reco		t not an effecti	ve time, at 12:0	1 a.m. on the earlie	er of
Dated August 22	. 2018	·			
	ignature of a member dr	Nula			
		1.00			
<u></u> <u></u> <u></u>	ignature of a member dr	authorized represent	ative of a member		

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