

# 27210

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    | 1           |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Registration So<br>Division of Co |   |  |  |
|---------------------------------------|---|--|--|
| SUBJECT:                              | AC Staffing                                     | LLC _  |  |
|                                       | Name of Limi                                    | ted Liability Company  |  |
|                                       |   |  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub-                   | mitted for filing.   |  |
| Please return all correspondence      | ondence concerning this matter t                | to the following:  |  |
|                                       | John A.   | Cruz   |  |
|                                       | JAC SH  | Name of Person  Firm/Confpany  | <u> </u>   |
|                                       | 0   | W 10874 Ave  |  |
|                                       | Miami, f  | -L 33/65   |  |
|                                       | John, cruz<br>E-mail address: (1                | City/State and Zip Code  4216 Vall & o. Co to be used for future annual report not | ification)   |
| For further information (             | concerning this matter, please ca               | all:   |  |
| John /                                | rof Person                                      | at (305) 409-6<br>Area Code Daytin   | 912-5<br>ne Telephone Number   |
| Enclosed is a check for t             | the following amount:                           |  |  |
| \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JAC Staffing  | LLC  |
|---|--|
| ( <u>Name of the Limited Lia</u><br>(X Flo  | ability Company as it now appears on our records.) orida Limited Liability Company)  |
| The Articles of Organization for this Limited Liabilit Florida document number $\bigcirc \bigcirc \bigcirc$ | by Company were filed on $0/2/1620$ and assigned $40$ .  |
| This amendment is submitted to amend the following  | ):<br>   |
| A. If amending name, enter the new name of the The new name must be distinguishable and contain the words   | Limited Liability company here:  Telecure Staffing LLC  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 AD   | ODRESS)  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX   | 2  |
|   |  |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her   | ered office address on our records, <u>enter the name of the new registered</u><br>re:   |
| 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 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> | Type of Action |
|--------------|-------------|----------------|----------------|
|              |             |                | □Add           |
|              |             |                | □Remove        |
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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of fil  tote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records. | ling or more than 90 days after filing.) Pursuant to 605.020 |
| record specifies a delayed effective date, but not an effective time, at 12:0 is filed.   | 01 a.m. on the earlier of: (b) The 90th day after the        |
| ated 01/31 1020   |  |
| / / /   |  |

Filing Fee: \$25.00