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Office Use Only



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COVER LETTER

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TO:

Registration Section
Division of Corporations

PCS Staffir SUBJECT:	ng. LLC	•	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paula M Clarke-Smith		
		Name of Person	
	PCS Staffing, LLC		
		Firm/Company	
	7631 Rex Hill Trl		
	***************************************	Address	
	Orlando, FL 32818		
	No. Committee of the Manager of the Committee of the Comm	City/State and Zip Code	
	paula.clarke@me.com		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
Paula Clarke-Smith		407 3355242 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing I Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is	Status & 7
Mailing Address Registration S		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee, l	rl 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	2020 APR 22 AH 6: 5

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
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			□Remove
		> C	_ Change
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be pr	rior to date of filing or more than 90 days after filing.) Pursuant to 605.03 blicable statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's record	
	not an effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
April 19, 2020	
ated April 12.	·
C Phyllic C	
Signature of a member or an	othorized representative of a member