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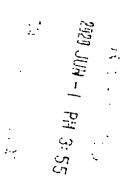
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COVER LETTER

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*Registration Section
Division of Corporations

TO:

	STAFFING SOLUTIONS I.	LC	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Frank Whatley		
		Name of Person	
		Firm/Company	
	1201 E. 14TH COURT		
		Address	
	PANAMA CITY, FL 3240		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information cor	neerning this matter, please co	all:	
Frank Whatley		850 358-2388 at ()	·
Name of I	Person		ne 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:		Street Address:	
Registration Se		Registration Se	
Division of Cor P.O. Box 6327	rporations	Division of Col The Centre of 1	
Tallahassee, FL	32314		e Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVATED STAFFING SOLUTIONS LL	C		
Name of the Limited Liabil (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (Company were filed on $\frac{01/28/2020}{1}$	()	and assigned
florida document number 1.20000034485	<u>_</u> .		
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the lim	ited liability company here:		
ELEVATED HOSPITALITY SOLUTIONS LLC			
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LLC" or the abbres	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		
		AS	20
		7.0	
nter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	25
			
		i Ha	c
. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records,	enter the name of	the new registe
and of the new registered office address here.			
Name of N. D. Co. D.			
Name of New Registered Agent:			-
New Registered Office Address:			
	Enter Florida street	address	
		, Florida	
	City		Lin 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>	Name	Address	Type of Action
			TAdd
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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ffective date, if other than th	e date of filing:	(opti	ional)
an effective date is listed, the date m ote: If the date inserted in this l	ust be specific and cannot be prior to	date of filing or more than 90 days afte le statutory filing requirements, th	r filing.) Pursuant to 605.020
ocument's effective date on the	Department of State's records.	ic statutory trinig requirements, the	is uate with not be listed as
record specifies a delayed effect	ve date, but not an effective time	e, at 12:01 a.m. on the earlier of: (l) The 90th day after the
is filed.			
May 28	2020		
atcd May 28		•	
	1111 4		
	Signature of a member or authorize	red representative of a member	
/		, and months	
Frank Whatley, MGR			
	Typed or printed i	name of signee	