

L200000 88234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

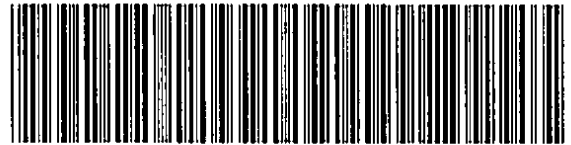
(Business Entity Name)

(Document Number)

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2020 APR 10 AM 7:07

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APR 22 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SM PROFESSIONAL STAFFING SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON JOHNSON

Name of Person

SM PROFESSIONAL STAFFING SOLUTIONS LLC

Firm/Company

950 N 66TH TERRACE APT 3

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

SMPROFESSIONALSTAFFING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON JOHNSON

305 788-4264
at ()
Area Code Daytime Telephone Number

Name of Person

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, 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**

SM PROFESSIONAL STAFFING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2020

Florida document number L20000088234

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

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

_____, **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 Changing Registered Agent, Signature of New Registered Agent

FILED
2020 APR 10 AM 7:07
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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>	<u>Type of Action</u>
AMBR	SHARON JOHNSON	950 N 66TH TERRACE	☐ Add
		UNIT 3	☐ Remove
		HOLLYWOOD, FL 33024	☒ Change
MGR	Jevon Baker	950 N 66 th Terr	☐ Add
		Unit 3	☒ Remove
		Hollywood, FL 33024	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

My name is Sharon Johnson and I am the owner of SM Professional Staffing Solutions LLC. I put the wrong name

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 7TH 2020

Signature of a member or authorized

Signature of a member or authorized representative of a member

SHARON JOHNSON

Typed or printed name of signee