

L20000 148051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600352064776

09/16/20--01009--002 **25.00

FILED
2020 SEP 16 PM 4:22
TALLAHASSEE, FL
REGISTRATION DIVISION

D. BRUCE
OCT 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISION STAFFING & SUPPORT AGENCY, 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:

SALENA CROCKETT

Name of Person

PRECISION STAFFING & SUPPORT AGENCY, LLC

Firm/Company

4757 NW 24TH CT #135

Address

LAUDERDALE LAKES, FL 33313

City/State and Zip Code

PRECISIONSTAFFING2020@GMAIL.COM

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

For further information concerning this matter, please call:

SALENA CROCKETT

Name of Person

954 773-4977
at ()

Area Code

Daytime 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:

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

2020 SEP 16 PM 4:22
TALLAHASSEE, FL

FILED

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SALENA CROCKETT	4757 NW 24TH CT #135	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33313	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CLAYTON L. MCGEE	2100 NW 27TH STREET	<input type="checkbox"/> Add
		OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET
NO RELEASE
TO THE PUBLIC
WITHOUT
APPROPRIATE
AUTHORITY
2020 SEP 16 PM 4:22
FBI
FBI
FBI

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

SALENA CROCKETT IS CEO AND MISTAKENLY PUT MYSELF AS A MANAGER AND IT NEED TO BE
CHANGED TO AMBR

FILED
2020 SEP 16 PM 4:22
TALLAHASSEE, FL

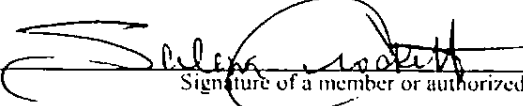
E. Effective date, if other than the date of filing: N/A **(optional)**

(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 SEPTEMBER 08, 2020



Signature of a member or authorized representative of a member

Salena Crockett

Typed or printed name of signee