120000 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: |
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Office Use Only



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COVER LETTER

| Division of Cor | | | | |
|--------------------------------|---|---|---|-------------|
| | N STAFFING & SUPPORT A | GENCY, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| | ondence concerning this matter | | | |
| | SALENA CROCKETT | | | |
| | | Name of Person | | |
| | PRECISION STAFFING 8 | SUPPORT AGENCY, LLC | | |
| | | Firm/Company | | |
| | 4757 NW 24TH CT #135 | | | |
| | | Address | | |
| | LAUDERDALE LAKES, | FL 33313 | | |
| | | City/State and Zip Code | | |
| | PRECISIONSTAFFING202 | - | | |
| For further information c | E-mail address: (oncerning this matter, please ea | to be used for future annual report notifica | tion) | 2020 |
| SALENA CROCKETT | vicetiming and minter, preuse of | 954 773-4977 | TEARL | 2020 SEP 16 |
| Name o | f Person | at () Area Code — Daytime To | elephone Number 6 - 7 | |
| Enclosed is a check for the | ne following amount: | | | : 22 |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en | tus & |
| Mailing Address Registration 5 | | Street Address: Registration Section | on | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

| PRECISION STAFFING & SUPI | PORT AGENCY, L | LC | |
|--|---|--|---------------------------|
| (<u>Name of the Lim</u> | ited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited lorida document number L20000148051 | Liability Company | v were filed on JUNE 01, 2020 | and assigned |
| his amendment is submitted to amend the fo | llowing: | | |
| If amending name, enter the new name | of the limited liab | bility company here: | |
| ∛A | | | |
| he new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| enter new principal offices address, if appl | icable: | N/A | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Inter new mailing address, if applicable: | | N/A | |
| Mailing address MAY BE A POST OFFICE | E BOX) | | |
| | | | |
| If amending the registered agent and/or gent and/or the new registered office addr | registered office <u>ess here</u> : | address on our records, enter the | name of the new registo |
| Name of New Registered Agent: | N/A | | SEP |
| New Registered Office Address: | N/A | | 16 16 |
| | | Enter Florida street address | PH |
| | N/A | , Floric | la NA |
| | | City | FZip Civit |

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> | Address | Type of Action |
|--------------|------------------|----------------------------|--|
| AMBR | SALENA CROCKETT | 4757 NW 24TH CT #135 | |
| | | LAUDERDALE LAKES, FL 33313 | □Remove |
| | | | 🗐 Change |
| MGR | CLAYTON L. MCGEE | 2100 NW 27TH STREET | □Add |
| | | OAKLAND PARK, FL 33311 | ■Remove |
| | | | □Change |
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| CHANGED TO AMBR | |
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| N/A | |
| ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to | (optional) date of filing or more than 90 days after filing.) Pursuant to 605.02 |
| e: If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records. | le statutory filing requirements, this date will not be listed |
| | |
| ord specifies a delayed effective date, but not an effective time filed. | e, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| SEPTEMBER 08 2020 | |
| | |
| - I'lleka rookity | red representative of a member |