

L20000367149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



☒ WAIT

☐ MAIL

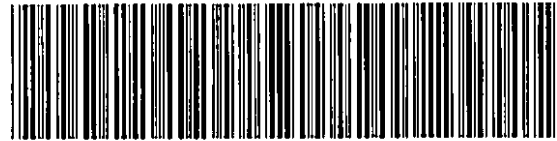
(Business Entity Name)

(Document Number)

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MAR 24 PM 4:24

MAR 31 PM 2:33

STATE  
OFFICE, FL

MAR 31 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Florida 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:

Shetiva Johnson  
Name of Person

North Florida Staffing Solutions  
Firm/Company

1560 Capital Circle NW Suite 18  
Address

Tallahassee, Florida 32303  
City/State and Zip Code

1705P317684219@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shetiva McNeat at (229) 873-8956  
Name of Person Area Code Daytime Telephone Number  
Johnson

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

North Florida 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 November 19, 2020 and assigned Florida document number L20000367147.

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**)

1560 Capital Circle NW Suite 18  
Tallahassee, FL 32303

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1560 Capital Circle NW  
Suite 18 PO Box 32303  
Tallahassee, FL 32303

**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:

Shelvia Johnson

New Registered Office Address:

1560 Capital Circle NW Suite 18  
Enter Florida street address  
Tallahassee Florida 32303  
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.*

Shelvia Johnson

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ ☐ Change

[illegible]

(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)

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.

Shelin Johnson  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of the organization

Shefiva Johnson

Typed or printed name of signee