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SEP 17 FN 5:19

O SIMMONS SEP 28 2021

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	STAFFING LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	<del></del>
	17350 STATE HWY 249 S	STE 22	
		Address	
	HOUSTON, TX 77064	City/State and Zip Code	
	EFILE1234@INCFILE.CO	M	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		888 462-3453 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration Se Division of Con	
		The Centre of	-
Tallahassee, l	FL 32314	2415 N. Monro Tallahassee, FI	be Street, Suite 810 L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAYNER STAFFING LLC

2121 SEP 17 PH 5: 19

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

(A Florida Limited Liability Company)

(A Florida Limited I	Clasimty Company)	4
The Articles of Organization for this Limited Liability Company Florida document number L21000187555	were filed on 04/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	602 Channelside Dr	
	Tampa, FL 33602	
Enter new mailing address, if applicable:	602 Channelside Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	me of the new registere
	, Florida Citv	Zip Code
	<del>,</del> -	

## 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 21 SEP 17 PH 5: 19	Type of Action
AMBR	SPENCER TRAYNER	602 Channelside Dr	🗆 Add
		Tampa, FL 33602	□Remove
			<b>=</b> Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
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			□Change

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