Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003722163)))



H210003722163ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email / | Address | : |
|---------|---------|---|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MY OWN STAFF LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | ı |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H

Page: 3 of 6

COVER LETTER

| Division of Cor | | | |
|-----------------------------|---|---|---|
| SUBJECT: MY OWN | STAFF LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | Amendment and fee(s) are subm | | |
| Please return all correspo | ondence concerning this matter to | o the following: | |
| | Cheyenne Moseley | | |
| | | Name of Person | |
| | Legalzoom.com, Inc. | | |
| | | Firm/Company | |
| | 101 N Brand Blvd 11th Fi | | |
| | | Address | |
| | Glendale, CA 91203 | | |
| | | City/State and Zip Code | |
| | christian.stephens2011@gn | | |
| | E-mail address: (ic | be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please cal | H; | |
| Cheyenne Moseley | | 800 773-0888 | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for the | he 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, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MY OWN STAFF LLC | | |
|--|---|-----------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited l | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Torida document number 1.21000277562 | were filed on 06/15/2021 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words 'Limited Liabit | lity Company," the designation "LLC" or the a | 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 BOX1 | | |
| B. If amending the registered agent and/or registered o | ffice address on our records, ente | r the name of the ne |
| egistered agent and/or the new registered office address her | <u>e</u> : | 22 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | FILEI T-S |
| | , Florida | ApiCook O |
| v galanda Datas di Amerika | • | ### O |
| New Registered Agent's Signature, if changing Registered Agent: | | 6 |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A | Authorized Member | | |
|-------------------------|--------------------|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR Christian Stephens | Christian Stephens | 2222 LANDSIDE DR. VALRICO, FL 33594 | = Add |
| | | | Remove |
| | | | Change |
| AMBR | RAY P GRIMES II | RAY P GRIMES II 2222 LANDSIDE DR. VALRICO, FL 33594 | Add |
| | | | ■ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |

Page 6 of 6

| Effective date, if other than the date of filing: | | | | | | | | |
|--|---------------------------------------|---------------------------|------------------------|---------------------------------------|--|---|--------------------------|---------------------|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member | | | | | | | , , <u>-</u> | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Signature of a member | | | | | · ··· ·· · | | · · · · - | |
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| Signature of a moniber of authorized representative of a member | ated | /30/21 | | _ · | | | 21 OCT - | |
| | | • | Class | \ | | S.S. | S | ב |
| Sheirlyn Mallari | · - | Signa | rure of a moniber of a | uthorized representat | ive of a member | | ŝ | C |
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Filing Fee: \$25.00