## L21000312289

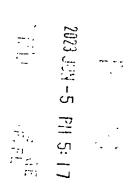
(Re	equestor's Name)	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	Name of Lim	Mare Staffing ited Liability Company	lle
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Ara L. Brutus  Name of Person  Heathers Staffin	
		57th CT	
	Tamar	City/State and Zip Code	
	Quantums: E-mail address:	ening Solutions e am ut be used for future annual reportmoti	a.l. Com fication)
For further information	concerning this matter, please co	all:	
Cayandra Name	L. Brufus of Person	at (305) 725 Area Code Daytim	e Telephone Number
Enclosed is a check for t	_		
□ \$25.00 Filing Fee	\$30.00, Filing Fee & Certificate of Status	CI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  CAP Staffing LLC  GAP Staffing LLC  The new name hust be distinguishable add 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)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  Florida  Florida  Florida  Florida  Florida	Quantum Healthcare S.	taffing LLC	2023 JUNE - 5 PM 5: 1
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  (SAP Staffing UC)  The new name hust be distinguishable add contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 BOX)  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:  New Registered Office Address:  Enter Florida street address  N A Florida  Florida  Florida	(Name of the Limited Liability Compar	ny as it now appears on our records.)	
A. If amending name, enter the new name of the limited liability company here:  CAP Staffing UC  The new name houst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 BOX)  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 Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida Street address  Plorida Name of New Registered Agent:  New Registered Office Address:	The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7/2021	and assigned
The new name houst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 BOX)  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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  N A Florida  Place of the abbreviation "LLC."	This amendment is submitted to amend the following:		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  Florida  Florida		P Staffing LUC) ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  Florida MA	Enter new principal offices address, if applicable:	- / NIA	
(Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  Enter Florida street address  N	(Principal office address MUST BE A STREET ADDRESS)		
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:  New Registered Office Address:  Enter Florida street address  New Registered Office Address:	Enter new mailing address, if applicable:	AI W	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  N A Florida	(Mailing address MAY BE A POST OFFICE BOX)		
New Registered Office Address:  Enter Florida street address  N   \( \D \) , Florida \( \D \)   A	B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registered
Enter Florida street address  N   \( \sigma \), Florida \( \sigma \)   A	Name of New Registered Agent:	\ NA	
, Fidiua	New Registered Office Address:	Enter Florida street address	
City Zip Code		, i ivitu	a NA 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.

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>	Name	Address	Type of Action
menk_	Brutus, Rodny B	4918 NW 57 15 CT Tamarae, FL 33319	Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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(If an ef <u>Note:</u>	tive date, if other than the date of filing: 6 10 10 23 (optional)  Tective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
cord is fi	
Dated	June 01, 10 Cm. 2023.
	Signature of a member or authorized representative of a member
	Cassandra Lanour Brutus Typed or printed name of signce

Filing Fee: \$25.00