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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





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COVER LETTER

TO:

	gistration Se vision of Cor						
SUDIECT.	Staffing 30	5 LLC					
SUBJECT:		Name of Lim	ited Liability Company	 			Taki Gravi leh
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		Bruno Scafidi					
			Name of Person				
		Staffing 305 LLC					
			Firm/Company		_		
		2150 Sans Souci Boulevar	d, Unit C702			22	Ξ
		-	Address			SEP	- 0,1 - 0,1
		North Miami FL, 33181				22°	<u> </u>
			City/State and Zip Code			>>	2.
		Staffing305@gmail.com				AM 11: 15	- (F.
For further i	nformation c	E-mail address: (oncerning this matter, please or	to be used for future annua	l report notification)		15	;; ;;
		oneering this matter, prease en					
Bruno Scafi			727 73 at ()	715519			
	Name o	f Person	Area Code	Daytime Telepho	one Number		
Enclosed is a	a check for th	ne following amount:					
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	us &	
	iling Addres gistration S		-	Address: ration Section			
	_	orporations	-	ration Section on of Corporatio	ons		
P.0). Box 632	7	The Co	entre of Tallahas	ssee		
Tal	llahassee, I	FL 32314	2415 N	N. Monroe Stree	t, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.) and assigned		
and assigned		
C" or the abbreviation "L.L.C."		
Unit C702		
¥:51 2 S		
E 25.		
22		
Unit C702		
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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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Farid Lutfi	835 JEFFERSON AVENUE, APT #3	□ Add
		MIAMI BEACH, FL 33139	≣Remove
			Change
			□Add
			□Remove
			22 OF 2 Add
			E G G G G G G G G G G G G G G G G G G G
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ective date, if other than the d	late of filing:			(ontio	nal)	
effective date is listed, the date must te: If the date inserted in this block	be specific and cannot l	be prior to date	of filing or more t	han 90 days after f	filing.) Pursuant to 6	05.020 sted a
cument's effective date on the Dep				1		
cord specifies a delayed effective	date but not an affa	ativa tima, at	12:01 a.m. on t	ha aprlian of th	The Ooth day of	
s filed.	date, out not an erre	tuve time, at	12.01 a.m. on t	ne carner or. (b)	The 90th day at	ici iii
, September 21	2022					
ed		<u> </u>				
	ignature of a member					