121000383491

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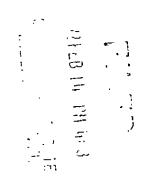


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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Elite Staff Name of Lim	ling Sevices L.C.	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William	F. Fitzgerald Name of Person	
	Elite	Staffing Sevices Firm/Company	L.L.C.
	8374	Market Street Address	# 458
	Lakewa	city/State and Zip Code	4202
	E-mail address: (i	125erall@ 9mail. to be used for future armial report noti	(cm fication)
For further information co	oncerning this matter, please ca	all:	
William F.	Fitzgerald	at (<u>941</u>) 233 - Area Code Daytim	- /3/7
		Fire Code Buyuni	e receptore value
Enclosed is a check for th	e following amount:		
S25.00 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, 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

Elite Staff	is Sevices	120EB 14 PM 4:3.	
(Name of the Limited Liability Comps (A Florida Limited)	ny as it now appears on (Liability Company)	our records.)	
Elife Staffil (Name of the Limited Liability Company (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000383491</u> .	were filed on8	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:		
Elife Staffing Sucs L. The new name must be distinguishable and contain the words "Limited Liabi	. L.C.		
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	Elite	Staffing SUCS LLC	
(Principal office address MUST BE A STREET ADDRESS)	8374 K	Staffing SUCS LLC larket Street # 458 od Rench F1 34202	
	Lakeno	od Reach F1 34802	
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registered</u>	
Name of New Registered Agent:			
New Registered Office Address:	Face Plant I	and There	
	Enter Florida street address		
	·	Florida	
	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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
-			
			□Remove
			□ Change
		-	□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated ____ Signature of a member or authorized representative of a member William F Fitzgerald Typed or printed name of signee