5/5/23, 2:31 PM

Division of Corporations



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Division of Corporations

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From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: _____RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MESIBRIZ STAFFING CONSULTING SERVICES LLC

Certificate of Status	0
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Page Count	03
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MESIBRIZ STAFFING CONSULTING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/9/2021 and assigned Florida document number L21000483454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MESIBRIZ WORKFORCE SOLUTIONS LLC The new name must 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
		N/A	
			Remove
			Change
			□Add
			□ Remove
			Change
			Add
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			Change
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			Change
			□Remove
			Change

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Note: If	the date, if other than the date of filing:	05.0207 isted as
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day of d.	er the
Dated	May 2 , 2023 .	
Dated	May 2 , 2023 . Signature of a member or authorized representative of a member	

Filing Fee: \$25.00