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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LS STAFFING TWO LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

MAY 23 2024

Help

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LS Staffing Two, LLC  (Name of the Limited Liability Company at it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were to Florida document number	filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	\$ 23 <b>—</b>
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here;	ss on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street uddress
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	ny zip Code

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>	Address	Type of Action
MGR	Kenneth Healey	1330 Sunshine Drive	
		Jupiter, FL 33458	□Remove
			□Change
MGR Mark Healey	Mark Healey	6650 W. Indiantown Road, Suite 100	□Add
		Jupiter, FL 33458	
			Change
	, <del>, , , , , , , , , , , , , , , , , , </del>		
			Псточе
			☐ Change
			□Add
			□Remove
		<del></del>	☐ Change
			□Add
			☐Remove
			□ Change

	Ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) s LLC is a manager-managed LLC.
<del></del>	
<del>-</del>	
Note: If	date, if other than the date of filing:  (aptional)  ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the it's effective date on the Department of State's records.
the record s word is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ay 2/ 2024
	Signature of a member or authorized representative of a member
	Owen Evans, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00