122000109022

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-,-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
6/21/22		





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SECRETARY OF STATE

RECEIVED



2022 JUN 21 PM 12: 20

Letter Number: 322A00012647

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TALLÄHA LÄEELFE

June 6, 2022

LATUSHA LATASHA SMITH 1070 N WICKHAM RD #107 MELBOURNE, FL 32935

SUBJECT: T& J TRAVEL STAFFING AGENCY, LLC

Ref. Number: L22000109022

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER . . .

TO: Registration Section Division of Corporations
SUBJECT: T+J Travel Staffing Agency LLC Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LaTUSha Smith
Firm/Company
1070 N. Wickham Rol #107
Melbourne I 32909
+usboot Jashbar Camail. Com E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Catusha Smith at 321, 419-6576 Name of Person Area Code Daytime Telephone Number
Name of Ferron
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certif

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

FILED

TaJ Travel Staff	iva Aconcuttying! PM 5: 17
(Name of the Limited Liability Compa (A Florida Limited I	ny as ithnow appears on our records.) Liability Company) 3 COMPS TATE
The Articles of Organization for this Limited Liability Company Florida document number 12200109022	were filed on Teo Lo, alaz and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	Parlic
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1070 NWickham Pol #107- melbourne, FL 32909
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1070 N. Wickham Pd #107 Melbourne, FL 32909
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	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 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

Title	<u>Name</u>	Address	Type of Action
Co-owner	Josula Page	1070 N. Wickham Rol #107 Melboreine, FL 32909	□Add
VX A 10	1 - 1 - 0 11		□Change
owner	LaTusha E. Smith	1070 N.W. ickham Rd #10 Melbourne, FL 32909	Add □Remove
			□ Remove
			□Add
			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			🗀 Change
			□Add
			Remove
			□ Change

fan effecti Note: If t	date, if other than the date of filing:
record s d 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	Signature of a member of authorized representative of a member
	1 - 10/2 2 0 1/1