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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

WARHORSE PROFESSIONAL STAFFING LLC SUBJECT: 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: Esther Drew Name of Person Firm/Company 277 Nichols Road Address Murphy, NC 28906-3819 City/State and Zip Code kellyeissall@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Esther Drew Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

WARHORSE PROFESSIONAL STAFFING LLC

company has been notified in writing of this change.

2022 MAY 27 PM 10: 01

TALLAHASSEE, FL

JANY OF STATE

and assigned

(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 March 9, 2022 Florida document number L22000120596 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7798 Arbor Crest Way Enter new mailing address, if applicable: Palm Beach Gardens, FL 33412 (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 City 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

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	Kelly Eissa	7798 Arbor Crest Way, Palm Beach Gardens, FL 3341.	2 _ ≣ Add
			_ □Remove
			_ □Change
MGR	Blake Boesel	7798 Arbor Crest Way,Palm Beach Gardens,FL 3341.	2 _ ∃ Add
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d is filed.		2022			
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d is filed.		;	 ·	ntative of a member	