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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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ALLAHASSEE, FLOR

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	<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 Eugene Parker				
	Name of Person				
	Superior Staffing Solutions	s LLC			
	Firm/Company				
	528 NW 39th Rd, 101				
	Address				
	Gainesville, FL 32607				
		City/State and Zip Code			
	billy@superiorstaffingfl.com	·			
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please ca	all:			
William Eugene Parker		352 5382865			
Name o	Name of Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 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 Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fil.ED

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Superior Staffing Solutions LLC		o ar en
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	TALL: RESEE, FL
The Articles of Organization for this Limited Liabi		and assigned
Florida document number 1.22000152046	 ·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u> </u>
If amending the registered agent and/or regi- igent and/or the new registered office address h	· 	the name of the new regist
gent and of the new registered office address in	<u>er.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	¢
_		orida
	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>	<u>Name</u>	Address	Type of Action
MGR Wi	William Eugene Parker	528 NW 39th Rd, 101	■Add
		Gainesville, FL 32607	□Remove
			_
			Remove
			□Change
			□Add
			Remove
			Change
		□Remove	
			□Change
			Remove
		□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 May 5 2022 Signature of a member or authorized representative of a member William Eugene Parker Typed or printed name of signee