L23000098563

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	D. MICHAEL CAMPBEI	L. ESQ.	
		Name of Person	
	CAMPBELL LAW		
		Firm/Company	
	PO Box 24358		
		Address	
	Lakeland, FL 33802-4358		
		City/State and Zip Code	
	dincampbell@eampbelllaw		
for further information e	en-mail address: (to be used for future annual report all:	notification)
D MICHAEL CAMPBE	il.L	at 4 863 1 227-431	5
Name o	f Person	at (863) Area Code 227-431	ytime Telephone Number
Inclosed is a check for the	ne following amount:		
又 \$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 tadditional copy is enclosed
Mailing Address: Registration Section		Street Addres Registration	
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 TO ARTICLES OF ORGANIZATION OF

2024 AUG 20 PILIZ: LA

DDK EMPIRE STAFFING, LLC			0 m 12: 48
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number $\frac{1.23000098563}{1.23000098563}$	Liability Company	were filed on February 23, 2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation "LLC" or the at	obreviation "L.L.C,"
Enter new principal offices address, if applicable:		DDK EMPIRE STAFFING, LLC	
(Principal office address MUST BE A STREET ADDRESS)		1051 S. Combee Road	
		Lakeland, FL 33801	
Enter new mailing address, if applicable:		DDK EMPIRE STAFFING, LLC	
(Mailing address MAY BE A POST OFFICE BOX)		1051 S. Combee Road	·
		Lakeland, FL 33801	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: D. Michael Car		e of the new registere
New Registered Office Address:	230 North Ken	tucky Ave.	
		Enter Florida street address	
	Lakeland		ψΛ1

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.

Cuv

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>	<u>Address</u>	Type of Action
MGR	INNOCENTE DUARTE	1051 S. Combee Road	■Add
		Lakeland, FL 33801	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Channa

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
- <u>Note:</u> If th	late, if other than the date of filing:
he record sp ord is filed.	ecifies 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 SEI	TEMBER 18 , 2024 .
	To the
	Signature of a member or authorized representative of a member
	COROR INDIVINO
	GREG KIMMONS Typed or printed name of signee

Filing Fee: \$25.00