L23000424361

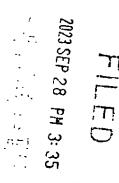
(Requestor's Name)
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COVER LETTER

TO: R	egistration Sectivision of Corp	ction porations		
SUBJECT	Staffing Par	ndas LLC		
SUBJECT	;		ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Timothy Stewart		
			Name of Person	
		Staffing Pandas LLC		
			Firm/Company	
		7901 4th St N; STE 16993		
			Address	
		St. Petersburg, FL 33702		
		itdept@staffingpandas.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	alt;	
Timothy S	tewart		727 222-0390 at ()	
	Name of	Person		: Telephone Number
Enclosed is	s a check for th	e 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)
	lailing Address egistration S		Street Address: Registration Sec	ction

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Staffing Pandas LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on September 12, 2023	and assigned
Florida document number L23000424361		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		2028
Principal office address MUST BE A STREET ADDRESS)		S. T.
		28
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> 크림 #</u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	مادند ما 171	
	, Florida	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
AMBR	Timothy Stewart	7901 4th St N. STE 16993 St. Petersburg, FL 33702	= Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Add
			□Remove
			Change
			□Add
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be prior to a block does not meet the applicate Department of State's records.	to date of filing or more than 90 tble statutory filing requirer	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
If the record specifies a delayed efferecord is filed.	ctive date, but not an effective tir	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated 22-Sept	2023		

Filing Fee: \$25 00