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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO UNITED STAFFING SERVICE, 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:

JULIO EDWIN GARCIA III

Name of Person

ORLANDO UNITED STAFFING SERVICE, LLC

Firm/Company

2023 BLACKBIRD DRIVE

Address

APOPKA, FLORIDA, 32703

City/State and Zip Code

thatdudeapopka@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO E. GARCIA III

Name of Person

at (407) 274-1407

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORLANDO UNITED STAFFING SERVICE, LLC

(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 09/27/2023 and assigned Florida document number L230000418054.

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)

2023 BLACKBIRD DRIVE

APOPKA, FL 32703

Enter new mailing address, if applicable:

(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:

JULIO E GARCIA III

New Registered Office Address:

2023 BLACKBIRD DRIVE

Enter Florida street address

APOPKA

City

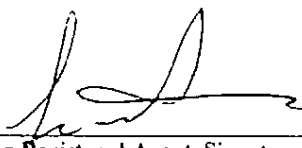
Florida

32703

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DWAYNE CAMPAYNE	2323 ATRIUM CIRCLE	<input type="checkbox"/> Add
		DELAND, FL. 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELUID SANCHEZ JR	2618 DEBANY ROAD	<input type="checkbox"/> Add
		KISSIMEE, FL. 34744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO GARCIA III	2023 BLACKBIRD DRIVE	<input checked="" type="checkbox"/> Add
		ARPKA, FL. 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NO FORN DISSEM
DATE 11/13/03 BY SP-6
FBI/DOJ

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECURITY
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SECURITY DIVISION
TALLAHASSEE, FLORIDA

(g) This document contains information from 95-0207 (3K)
It will not be listed as the

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 17 CFR 201.27 (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 _____ 1988

Signature of a member or an authorized representative of the contractor

Signature of a member or authorized representative of a member

JULIO EDWIN GARCIA III

Typed or printed name of signee