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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Personnel Plus, 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:
Lori A Browning Name of Person
Firm/Company
9145 CR 647 B Address
Bushell, FL 33513  City/State and Zip Code  loriabrowning//c @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lori A. Browning at (207) 4/00 26/2 Name of Person at (207) Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

### 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 Tallahassec, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Company as it now appears on our Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L14000</u> 11993 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
			□Remove
			□Add
			□Remove
			Change
			Add
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lf an ef <u>Note:</u>	tive date, if other than the date of filing:
e recor	ord 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 filed.
Dated	November 28, 2024.
	Jos A. Drowning
	Signature of a member or authorized representative of a member
	$\prime$ $\prime\prime$ $\prime\prime$ $\prime\prime$

Filing Fee: \$25.00