62400012055

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filin	ng Officer:	
		20000

Office Use Only



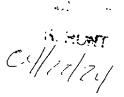
600427653746

22 AH 7:41
PAY OF STATE
PASSEE, FL

Ė

Diprofessor

RECEIVED
2024 APR 3.2 AM 10: 26



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/22/2024	_		
			**WALK IN*
ENTITY NAME DashF	Rite HR Solutions LLC		
DOCUMENT NUMBER			
	PLEASE FILE THE AT	TACHED AND RETURN	
XXXXXXXX	Philip Carry		<u></u>
	Plain Copy Certified Copy		23 18
	Certificate of Status		
	Cor officered by General		mos J
			PH E
	*PLEASE OBTAIN THE FOLLOW Certified Copy of Arts & A	·	77
	Certificate of Good Standing		
	APOSTILLE' / NOTA	RIAL CERTIFICATION	
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25	<u>.</u>	ACCOUNT #: I201	60000072
		-5 R F	100
Please call Tim at	the above number for any i	issues or concerns. Tha	uk waa so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DashRite HR Solutions LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on 04/10/2024	1	and assigned
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	n "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			.ı <u>.</u>
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
		<u>.</u>	
			19 19
Enter new mailing address, if applicable:		(A) (C)	<u>⇒</u> [17]
Mailing address MAY BE A POST OFFICE BOX)		in w	70
		TATE ATE	£
	<u></u>		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records,	enter the name	of the new regist
0			
Name of New Registered Agent:		_	<u> </u>
New Registered Office Address:			
Megareted 9 May 1144/100.	Enter Florida street	address	
		, Florida	
	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
AMBR	Timothy Edick	1314 East Las Olas Boulevard #2608	□Add
		Fort Lauderdale, FL 33301	□Remove
			Change
AMBR	Kornilia Sfakianaki	1314 East Las Olas Boulevard #2608	□Add
		Fort Lauderdale, FL 33301	□Remove
			\(\exists Change
			□Add
		.	Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]('banga

		
	y -	
		<u> </u>
		`
		3.
		E.F.
		1 -1
,,, <u>.</u>		
	,	
ective date, if other than the	date of filing:	(optional)
reffective date is listed, the date must te: If the date inserted in this bl	st be specific and cannot be prior to date of filing or mo ock does not meet the applicable statutory filing	ore than 90 days after filing.) Pursuant to 60 grequirements, this date will not be lis
ument's effective date on the D	epartment of State's records.	
ecord specifies a delayed effectivis filed.	re date, but not an effective time, at 12:01 a.m. c	on the earlier of: (b) The 90th day aft
ted April 19th	. 2024	
	/s/ Timothy Edick	
	Signature of a member or authorized representative	of a member
	Timothy Edick, Member	

Filing Fee: \$25.00