

L24000379010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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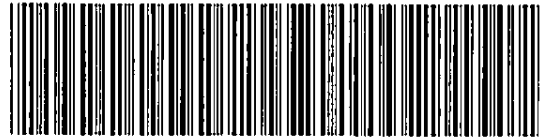
(Business Entity Name)

(Document Number)

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FILED
2024 SEP 10 PM 4:10
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL STAFF SOLUTIONS 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:

ROMAN A MOLLEDA

Name of Person

UNIVERSAL STAFF SOLUTIONS LLC

Firm/Company

4559 COVE DR APT 102

Address

ORLANDO, FL 32812

City/State and Zip Code

univstaffingsolutions@gmail.com

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

For further information concerning this matter, please call:

ROMAN A MOLLEDA

407 271-5252
at ()

Name of Person

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

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

2024 SEP 10 PM 4: 10

UNIVERSAL STAFF SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records) UNIVERSAL STAFF SOLUTIONS LLC
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/28/2024 and assigned
Florida document number L24000379010.

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)

13901 NW 4TH STREET

PEMBROKE PINES, FL 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13901 NW 4TH STREET

PEMBROKE PINES, FL 33028

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:

VERONICA BRICENO

New Registered Office Address:

13901 NW 4TH STREET

Enter Florida street address

PEMBROKE PINES

City

Florida 33028

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.


Veronica Briceno (Nov 27, 2024 20:14 EST)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

2024 SEP 10
TALLAHASSEE

FILED
2024 SEP 10 PM 4: 00
TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT
JANICE L. HARRIS
By _____
Deputy Clerk

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 305.0207 (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 _____

Veronica Briceño (Nov 27, 2024 20:14 EST)

Signature of a member or authorized representative of a member

VERONICA BRICENO

Typed or printed name of signee

Filing Fee: \$25.00