## L99000000451

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
. (Business Entity Name)				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR FEB 2 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: LANIER	R UPSHAW PEO SO	DLUTIONS, LLC	
		ited Liability Company)	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	THOMAS NEWMAN		OS FEB 18 M. 9
		(Name of Person)	18 18
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	100	(Firm/Company)	
	ONE TO		
		(Address)	
	TAMPA, FL 33639		<b>\</b> .
		(City/State and Zip Code)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information co	oncerning this matter, please c	all:	
THOMAS NEWMAN / I	BONNIE PEARSON	at ( <u>813</u> 707-8652	
(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LANIER UPSHAW PEO SOLUTIONS, L.L.C.

(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 Co	ompany were filed on JANUARY 19	, 1999 and assigned		
Florida document number <u>1 99000000451</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
FORTUNE-HR, LLC				
The new name must be distinguishable and end with the wor. "L.L.C."	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	***************************************			
(Principal office address MUST BE A STREET ADDR	ESS)			
The control of the state of the				
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist		ds, enter the name of the new		
registered agent and/or the new registered office addr	<u>'ess here</u> :			
Name of New Registered Agent:				
New Registered Office Address:	/Enter Floria	la 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Title	<u>Name</u>	<u>Address</u>	Type of Action
1 me	Name	Address	Type of Action
			Add
			Remove
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). If amending	any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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Dated February	13 . 2009	·	
	Signature of a member	er or authorized representative of a member	
	Thomas Newman	o. aamoneed representative or a member	
		d or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00