

105000006064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]



100068160771

03/20/06--01064--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 26 AM 11:59

APPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

RESUME STORK, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK MATTA

(Name of Person)

CAREER SHIFT, LLC

(Firm/Company)

13827 Tortuga Pointe Drive

(Address)

JACKSONVILLE, FL 32225

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK MATTA

(Name of Person)

at (904) 220.1489

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2006

MARK MATTA
CAREER SHIFT, LLC
13827 TORTUGA POINTE DRIVE
JACKSONVILLE, FL 32225

SUBJECT: RESUME STORK, LLC
Ref. Number: M05000006064

We have received your document for RESUME STORK, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

In order to change your LLC's name on our records, you must submit either a copy of the actual amendment that was filed in your home state, or a certificate which shows the original name and states that it was changed to the new name.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 606A00020474

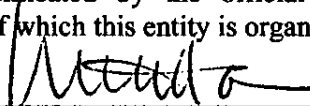
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Resume Stork, LLC
2. Jurisdiction of its organization: Ohio
3. Date authorized to do business in Florida: October 31, 2005

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 2/13/06
5. New name of the limited liability company: CAREER SHIFT, LLC
6. If the amendment changes the period of duration, indicate new period of duration:
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

MARK MATTA

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 26 AM 11:59

APPROVED
AND
FILED



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2006	200604102796	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

RESUMESTORK, LLC
13827 TORTUGA POINTE DR
JACKSONVILLE, FL 32225

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1499866

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAREER SHIFT, LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200604102796



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of February, A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State

06 MAY 26 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

- ☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ No PO Box 1028
Columbus, OH 43216

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) <u>11/10/04</u> (Date of Organization)	(2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) (Home State) (Qualifying in Ohio on MM/DD/YY)
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The undersigned authorized representative of

RESUME STARK, LLC
(Name)

1499866
(Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that apply.

FIRST: The name of said limited liability company shall be:

Career Shift, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(state)

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 26 PM 12:00

APPROVED
AND
FILED