

MI4000005935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

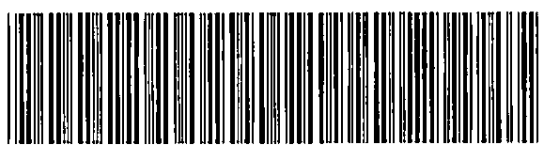
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000332557610

19 JUL 31 PM 2:01

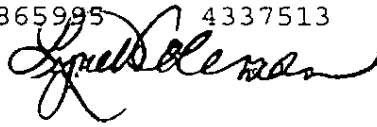
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 JUL 31 AM 7:45

FILED

K. SALY
AUG 1 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 865995 4337513
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : July 30, 2019
ORDER TIME : 10:37 AM
ORDER NO. : 865995-025
CUSTOMER NO: 4337513

FOREIGN FILINGS

NAME: REMEDY TEMPORARY SERVICES, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

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19 JUL 31 AM 7:42
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Remedy Temporary Services, LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M14000005935

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: 08/19/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: RemX, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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19 JUL 31 AM 7:50
STATE
TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: 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.

Paul Galleberg
Signature of the authorized representative

Paul Galleberg
Typed or printed name of signee

Filing Fee: \$25.00



**Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)**

LLC-2

LIA

FILED
Secretary of State
State of California

JUL 29 2019 *W*

IMPORTANT — Read *Instructions* before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at llcbizfile.sos.ca.gov/SI.

CC Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

Remedy Temporary Services, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2	0	1	4	1	3	2	1	0	4	2	6
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3. New LLC Name (If Amending) (See *Instructions* — List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

RemX, LLC

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STATE OF CALIFORNIA
SECRETARY OF STATE

4. Management (If Amending) (Select only one box)

The LLC will be managed by:

One Manager More than One Manager All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I certify that the information is true and correct and that I am authorized by California law to sign.

Paul Galleberg

Sign here

Paul Galleberg

Print your name here

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19 JUL 31 AM 7:50
STATE
FALLBROS. SEC. OFFICE
FALLBROS. SEC. OFFICE
FALLBROS. SEC. OFFICE



I hereby certify that the foregoing
transcript of _____ pages
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office

JUL 30 2019 *MC*

Date: _____

Alex Padilla

ALEX PADILLA, Secretary of State