

MI7000002674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

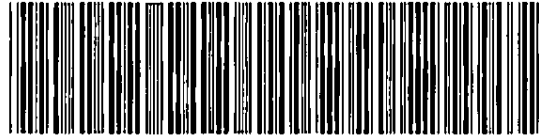
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306349715

RECEIVED

DEC 17 10:03 AM

17 DEC -5 AM 11:16

RECEIVED

D SCOTT
DEC 8 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2017

RESUBMIT

Please give original
submission date as file date.

CSC

SUBJECT: CAREER EMPLOYMENT PROFESSIONALS, LLC
Ref. Number: M17000002674

We have received your document for CAREER EMPLOYMENT PROFESSIONALS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with 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) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00024554

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

ACCOUNT NO. : I200000000195
REFERENCE : 940372 7567450
AUTHORIZATION : *Lyndell K. Lewis*
COST LIMIT : \$ 25.00

ORDER DATE : December 4, 2017
ORDER TIME : 9:04 AM
ORDER NO. : 940372-010
CUSTOMER NO: 7567450

FOREIGN FILINGS

NAME: CAREER EMPLOYMENT
PROFESSIONALS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

2017 DEC 11 10:04 AM
940372-010

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CAREER EMPLOYMENT PROFESSIONALS, 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: M17000002674

3. Jurisdiction of its organization: GEORGIA

4. Date authorized to do business in Florida: 03/28/2017

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

5. New name of the limited liability company: TRACE STAFFING SOLUTIONS, 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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

City

Florida 32301

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

Roxanne Turner
Asst. Vice President

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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.

Scott Roth
Signature of the authorized representative

Scott Roth

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

CAREER EMPLOYMENT PROFESSIONALS, LLC

a Domestic Limited Liability Company

has filed articles/certificate of amendment in the Office of the Secretary of State on 06/07/2017 changing its name to

TRACE STAFFING SOLUTIONS, LLC

a Domestic Limited Liability Company

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 06/09/2017



B. P. Kemp

Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 312 West Tower
Atlanta, Georgia 30334
(404) 656-2017
www.georgia.gov/corporations

2017 JUN -7 PM 5:04
SECRETARY OF STATE
CORPORATIONS DIVISION

Articles of Amendment to Articles of Organization

Article One

The name of the limited liability company ("company") is

CAREER EMPLOYMENT PROFESSIONALS, LLC

Article Two

The date the articles of organization were filed was 04/06/1977

Article Three

The company hereby adopts the following amendment to change the name of the company. The new name of the company is:

TRACE STAFFING SOLUTIONS, LLC

Article Four

(Check, and if applicable complete, one of the following)

☒ The articles of amendment shall be effective upon the filing with the Secretary of State

☐ The articles of amendment shall be effective on _____ at _____
(Date) (Time)

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment on

June 7th, 2017

(Date)

Scott Roth
Signature

Scott Roth
Print Name

Print Name

Capacity (choose one option only)

☐ Organizer

☐ Member

☒ Manager

☐ Court Appointed Fiduciary

☐ Attorney-in-fact

Email Address msoto@amzak.com