

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TL STAFFING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

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JAN 01 2023

M. SOLOMON

2023 JAN -3 PM 1:23

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**COVER LETTER**

H23000000161

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TL Staffing, 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:

Christina T. Rodriguez

\_\_\_\_\_  
Name of Person

c/o Haynes and Boone, LLP

\_\_\_\_\_  
Firm/Company

2323 Victory Avenue, Suite 700

\_\_\_\_\_  
Address

Dallas, Texas 75219

\_\_\_\_\_  
City/State and Zip Code

rforsythe@tlcapital.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Forsythe

at ( 813 ) 537.5300

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**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

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2023 JAN -3 PM 1:23  
TALLAHASSEE, FL

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

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**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: TL Staffing, 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: M22000016529

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 27, 2022

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

5. New name of the limited liability company: TL Solution, 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

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

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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.

\_\_\_\_\_  
/s/ Robert Forsythe  
Signature of the authorized representative

\_\_\_\_\_  
Robert Forsythe  
Typed or printed name of signee

December 29, 2022

Filing Fee: \$25.00

2023 JAN -3 PM 1:23

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "TL STAFFING, LLC",  
CHANGING ITS NAME FROM "TL STAFFING, LLC" TO "TL SOLUTION,  
LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF  
DECEMBER, A.D. 2022, AT 5:31 O'CLOCK P.M.



7101375 8100  
SR# 20224358032

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205190134  
Date: 12-27-22

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**CERTIFICATE OF AMENDMENT**

**TO THE**

**CERTIFICATE OF FORMATION**

**OF**

**TL STAFFING, LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:31 PM 12/22/2022  
FILED 05:31 PM 12/22/2022  
SR 20224358032 - File Number 7101375

It is hereby certified that:

- FIRST:** The name of the limited liability company is TL Staffing, LLC (the "Company").
- SECOND:** Article First of the Certificate of Formation of the Company is hereby amended to read as follows:
- "The name of the limited liability company is TL Solution, LLC."
- THIRD:** The above-referenced amendment was duly adopted in accordance with all applicable provisions of the Limited Liability Company Act of the State of Delaware.
- FOURTH:** This Certificate of Amendment to the Certificate of Formation shall become effective upon its filing with the Secretary of State of the State of Delaware:

**IN WITNESS WHEREOF**, the undersigned executed this Certificate of Amendment to the Certificate of Formation as of the 22nd day of December, 2022.

TL STAFFING, LLC,  
a Delaware limited liability company

/s/ Robert Forsythe  
Robert Forsythe,  
Authorized Person

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