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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ON: LandrumHR Work	force Solutions, Inc. II			
DOCUMENT NUMBER:					
The enclosed Articles of Ar		bmitted for filing.			
Please return all correspond	lence concerning this ma	tter to the following:			
JiH S	Swilley, Compliance Mar	nager			
		Name of Contact Persor	1		
Land	LandrumHR				
	Firm/ Company				
219	E Garden St STE 500				
<del></del> -		Address	<del></del>		
Pens	acola, FL 32502				
		City/ State and Zip Code			
Regi	strations@LandrumHR.	com			
_	_	sed for future annual report	notification)		
For further information con	cerning this matter, pleas	se call: at ( 850	266-6200		
Name of Co	ntact Person		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Address Amendment Section			
	of Corporations	Division of Corporations			
P.O. Box Tailahass	6327 ee, FL 32314		entre of Tallahassee  J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LandrumHR Workforce Solutions, Inc. II

	orporation as currentl	y filed with the Florida Deg	ot, of State)	
P03000106069				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation a	ndopts the following a	mendment(s) t
A. If amending name, enter the new name	of the corporation:			
Landrum Workforce Solutions, Inc. II			T	he new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp" chartered," "professional association," or t	," "Inc," or "Co". A		" or the abbreviation	'Corp"
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>		Not Applicable		
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> F		Not Applicable	SECRETARY OF LANGES	FILE!
D. If amending the registered agent and/or new registered agent and/or the new registered agent	gistered office address			<u>. U</u>
Name of New Registered Agent No	t Applicable			
_	(Florida stre	vet address)		
New Registered Office Address:	<u>-</u> .	(City)	_, Florida	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ging Registered Agent:		(Zip Cod ns of the position.	,,
Check if applicable	Signature of New Re	gistered Agent, if changing		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		<del>-</del> -
Add				<u> </u>
Remove				
2) Change		_		<del></del>
Add				
Remove 3) Change				
Add				<u> </u>
Remove				
4) Change		_		
Add				
Remove				
5) Change	_	<del>_</del>		
Add				
Remove				
6) Change		_		
Add				<del> </del>
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Not Applicable
<del>-</del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
Not Applicable

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The date of each amendment(	) adoption:	, if other than the
date this document was signed.  S  Effective date if applicable:	September 4, 2024	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the a e sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
sele	a director, president or other officer – indirectors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	Britt Landrum, III	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
	(Title of person signing)	<del></del>