## P160000 22391

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Amend

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I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: AA Staffing Firm,	lnc.			
DOCUMENT NUM	P16000022391		<del>.</del>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Evelyn Y Looney				
		Name of Contact Perso	n		
	AA Staffing Firm. Inc.				
	Firm/ Company				
	951 Sansburys Way, suite 20	4			
	Address				
	West Palm Beach, FL 33411				
	City/ State and Zip Code				
	evelyn@aastaffingfirm.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Evelyn Y Looney		at (	533-5303		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

AA STAFFING FIRM, INC.

(Name of Corporation as currently filed w P16000022391  (Document Number of Corpora Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida F</i>	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida F</i>	
	ation (if known)
its Articles of Incorporation:	Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	202
	7 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	** # <del>**</del>
<del></del>	= -
	10.5
D. If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addres	557
New Registered Office Address:	. Florida
(Cin)	(Zip Code)

Check if applicable

☐ 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 = Chic 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	MEGAN LUCHEY	951 SANSBURY'S WAY - STE. 200
X Add	<del></del>		WEST PALM BEACH, FL 33411
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<del></del>
Add			<del></del>
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Au (Attach additional sheets, if necessary)	. (Be specific)				
	<del></del>				
<u> </u>	- <u></u>				
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				<del></del>	
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					-
If an amendment provides for an ex-	change, reclassifi	cation, or cancel	llation of issued s	hares.	
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not c	ontained in the	a <u>mendment itself</u>		
(у погарунсиоле, такше гол)					
			<del> :</del>	<del></del>	
	<del></del>				<del></del>
···			<del></del>		

	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
04/16/20: Dated Signature	Gwhn Team	
(By a select	director, predident or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth nted fiduciary by that figuriary)	
	EVELYN LOONEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	