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236 East 6th Avenue. Tallahassee, Florida 32303

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COVER LETTER

· TO;

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: HSL Talent LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
D. A	
Paloma Fix	
Name of Person	
Firm/Company	
611 Admiral Formula Da	
611 Admiral Farragut Dr Address	
Addics	
Seymour, TN 37865	
City/State and Zip Code	
hiitwithpaloma@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Paloma Fix at (813) 892-4219	
Paloma Fix at (813) 892-4219 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee \$30.00 Filing Fee &	f Status & oy
Mailing Address: Registration Section Street Address: Registration Section	
Division of Corporations Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 MAY - 1 AM C:5"

HSL Talent LLC

(A Florid	ity Company as it now appears on our records. la Limited Liability Company)	·		
The Articles of Organization for this Limited Liability (Company were filed on 04/08/2021	and assigned		
Florida document number L21000163292				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
No Name Agency LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDI	DECC:			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
3. If amending the registered agent and/or registered	d office address on our records, <u>enter th</u>	ne name of the new regis		
gent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	ida		
		ida Zip Code		
iew Registered Agent's Signature, if changing Registere				

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in uniting of this element. company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□Change
			□Add
			□Remove
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