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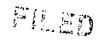
COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: H&H PRO	OFESSIONAL STAFFING AGENCY INC
DOCUMENT NUMBER: P13000008	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee a	
Please return all correspondence concerning the	is matter to the following:
OSMANI HIDA	ALGO
	Name of Contact Person
O & M PROFE	ESSIONAL STAFFING AGENCY INC
	Firm/ Company
3900 N.W. 79	AVENUE # 588
	Address
DORAL, FLOR	RIDA 33166
	City/ State and Zip Code
	HOOCOM
OSMAHIDA@YA	be used for future annual report notification)
is-man address. (10	be used for future annual report notification)
For further information concerning this matter,	please cali:
OSMANI HIDALGO	at (305-) 775-5938
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



H&H PROFESSIONAL STAFFING AGENCY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

P1	3	0	0	0	0	0	8	6	8	٤
	•	•	•	•	•	•	•	•	•	•

Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation ad	lopts the following amendment(s
A. If amending name, enter the new na O & M PROFESSIONAL		ICY INC	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	". A professional corpora	
B. Enter new principal office address,	if annlicable:	3900 N.W. 79 A	VENUE
(Principal office address MUST BE A ST		SUITE 588	
		DORAL, FLORI	DA 33166
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C		SAME	
		 	
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the nan	ne of the
Name of New Registered Agent			
The state of the s	3900 N.W. 79 AV	'ENUE # 588	
	(Florida street	address)	
New Registered Office Address:	DORAL	. Florida	33166
	(City)	, - 1010	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	ered agent. I am familiar wit		s of the position.
Sig	gnature of New Registered Ago	ent, if changing	

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.

Example:	, unu sun	y Smith, ST us un Muu.	
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			
Add Remove			
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	ial sheets, if necessi	ary). (Be specifi	hange(s) here: (c)		
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	ent provides for an	e amendment if no	sification, or cancel ot contained in the a	ation of issued s mendment itself	hares,
provisions for	olicable, indicate N	//A)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	•
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated MAY 09 2014 Signature May May Wolf	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
OSMANI HIDALGO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
	14 MAY 20