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PICK-UP WAIT MAIL						
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B. KOHR

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Secti Division of Corpo			
SUBJE	·CT•	RECRUITIN	G BUSINESS LLC	
50331		Name of Limi	ted Liability Company	
		mendment and fee(s) are sub dence concerning this matter	-	09 OCT 26 AM 8: 24
			VANESSA PENA	至
			Name of Person	<i></i>
			CRUITING BUSINESS	5
RECRUITING BUSINESS Firm/Company  14545 J MILITARY TRAIL #201  Address				
RECRUITING BUSINESS Firm/Company  14545 J MILITARY TRAIL #201 Address  DELRAY BEACH, FL 33484 City/State and Zip Code				
			Address	
DE			RAY BEACH, FL 33484	
		ADMIN@F E-mail address: (1	RECRUITINGBUSINESS.COI to be used for future annual report notifications.	M tion)
For fur	ther information con	cerning this matter, please c	all:	
	VANE Name of P	ESSA PENA Person	at ( <u>561) 200 - 50</u> Area Code & Daytime T	elephone Number
Enclose	ed is a check for the	following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		G ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECRUITING B			<u>_</u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear	rs on our records.)	00 100
(11.7.5.144.5.11.105.2	Simplify Company)		9 3
The Articles of Organization for this Limited Liability Company	were filed on	04/17/2003	and assigned 2
Florida document numberL03000013929			Q 000
Floring document manner			<b>罗</b> 经
			جر الم
This amendment is submitted to amend the following:			<b>1</b> 30
A. If amending name, enter the new name of the limited liab	ility company her	· ·e:	
<u> </u>	<u> </u>	<del>-</del>	
The new name must be distinguishable and end with the words "Limi		77 Ab - 4 - 1 41 61 1	C? and a abbanisis
"L.L.C."	ned Liability Compa	iny," the designation Li	.C or the appreviation
Enter new principal offices address, if applicable:	14545 J MILI	TARY TRAIL #201	
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEA	ACH, FL 33484	
Enter new mailing address, if applicable:			
<u>-</u>	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
New Registered Office Address.	Ent	ter Florida street addre	ess
		_	
·		, Florida	2: C - J -
	Citv		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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>`itle</u>	Name .	Address	Type of Actio
	<u>. 144442</u>	Address	Type of Actio
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If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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Filing Fee: \$25.00