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SECRETARY OF STATE
ALLAHASSEF FINALE

D. BRUCE
JUN 17 2009
EXAMINER

COVER LETTER

TO:	Registration Section ' ' Division of Corporations
SUBJE	CT: Heach Career builder LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Lilia Roberts
	Healthcareer builder LLC Firm/Company
	1440 nw 1St Coult boog Raton, PL 332132
	City/State and Zip Code City/State and Zip Co
For fur	her information concerning this matter, please call:
	illa Roberts at (56) 36-1787 55 57 Area Code & Daytime Telephone Number 57 Area Code & Daytime Telephone Number 57
Enclose	ed is a check for the following amount:
\$25	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Healthcareer bu</u>	ilder LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on Limited Liability Company)	our records,)
The Articles of Organization for this Limited Liability C	Company were filed on 513	36 69 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	SECTION 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		UN 16 AH THASSEE, FL
(Mailing address MAT BE A POST OFFICE BOX)		7:57 CRIDA
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	City	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action **Title** <u>Name</u> Address Jackie Perl MGRM 331 NW 101 Te Coral Springs. F ☐ Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 10 horized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00