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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Ideal	Hiring, LLC				
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lana DeMar	у			
		Name of Person			
	Ideal Hiring,	LLC			
		Firm/Company			
	1018 Senec	a Trail	4.	21	
		Address	j.		,
	St. Cloud, Fl	L 34772	32.5 32.5 52.5	2013 Mar 13	K-2
	Imdemary@gmail	City/State and Zip Code .com			
	E-mail address: (1	to be used for future annual report notificat	ion)	M D: 43	1,
For further information of	concerning this matter, please of	all:	Çr	်င်	
Lana DeMa	ary	407 494-545	6		
Name o	f Person	Area Code & Daytime To	elephone Number	-	
Enclosed is a check for the	he 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 Fe Certificate of S Certified Copy (additional cop	tatus &	ed)

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

Ideal Hiring, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Of Florida document number L13000012299	Company were filed on 1/24/13	and	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	uited liability company here:			
Strategic Talent Placements, LLC				
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company," the designation "L	.LC" or	the abb	previation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)	\geq_{C}	25	
			(L)	O today
			.1/2 2:0	t 1
Enter new mailing address, if applicable:		32 75	ယ်	7
(Mailing address MAY BE A POST OFFICE BOX)		7 .		
			5	; .
	527 527);=		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		<u>he nar</u>	ne of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add.	ress		
	, Florida			
	City	Zip (Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shirl Delva	70 Baker Street Bridgeport, CT 06606	Add
			Remove
			Add
		the state of the s	
			Remove
			- (C)
			Add
		원요 연소 기술	Remove
		300 C	
); 	Add
			Remove
			Add
			Remove
			Remove
			Add
			Remove

	r change(s) here: (Attach additional sheets, if necessary.)
March 07	2013
Lana M.	DeMary
Signature of a	member or authorized representative of a member
Lana M. DeMary	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00