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## **COVER LETTER**

TO:	Registration Section Division of Corpo		Ų.	••	**	्न	er ,	A STATE OF	'क्री
SUBJI	ест:	areer Tage	ne of Limited	C d Liability Con	npany				
The en	closed Articles of Ar	nendment and fe	e(s) are subm	uitted for filing.					
Please	return all correspond	ence concerning	this matter to	the following:					
		<del>-</del>	Janoi )	Smill Name of Pe	rson			_	
			Caree	r Tagges Kimil Comp	<u>LLC</u>			-	
		81	401 B	enelli C Address	λ			-	
		N	o ples	FL 3	Ц\\Д ip Code			-	
		E-ma	il address: (to	be used for futur	e annual repo	d. Con	ion)		•
For fur	ther information con	cerning this matt	er. please call	l:					
	Paul Name of P	etson Smudu		at ( <u>\$\7\3</u>	) 6\43 Area Code & I	63Ц Daytime Te	clephone Numb	er	
Enclos	ed is a check for the	following amoun	t:						
<b>S</b> \$25	5.00 Filing Fee	©\$30.00 Filing Certificate of		□\$55.00 Fili Certified (addition		closed)	Certifie	iling Fee. ate of Status & d Copy mal copy is en	

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>Career Tagged</u>	LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on <u>a ha</u>	12013 Em and assigned
This amendment is submitted to amend the following:		C I II
A. If amending name, enter the new name of the limited	liability company here:	0.8.0.A. 4.3.
The new name must be distinguishable and end with the words "I" L.L.C."		
Enter new principal offices address, if applicable:	8401	Benelli Ct
(Principal office address MUST BE A STREET ADDRESS	<u>Napl</u>	Benelli. Ct es, FL 34114
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, <u>enter the name of the ne</u> y
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Jose Cataluna	3 Woodland Ave South Orange, NJ	Add
		_	Remove
		07079	Add
<del></del>			Add
		AL COMPANY OF THE PARTY OF THE	Add
			Remove
		EL CONTROLL CONTROL C	_· ¢ 
			_
			_ Remove
			Add
			Remove
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<del></del>			Add
			Remove

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ited .	12/2/2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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