

L13000141091

Patrick T Murphy

(Requestor's Name)

755 Dotterel Rd #1305

(Address)

Delray Beach FL

(Address)

Florida 33444

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Tech Talent Infusion

(Business Entity Name)

L13000141091

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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Tech Talent Infusion

02/13/17--01006--015 \*\*35.00

FILED  
17 MAR 27 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Done!*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2017

PATRICK MURPHY  
755 DOTTEREL RD SUITE 1305  
DELRAY BEACH, FL 33444

SUBJECT: TECH TALENT INFUSION  
Ref. Number: L13000141091

We have received your document for TECH TALENT INFUSION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 817A00005103

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Olive Harvest Passive Income

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/07/2013 and assigned

Florida document number ~~46-3833839~~ L13000141091

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tech Talent Infusion LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Same N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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17 MAR 27 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 27 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_

Patricia Murphy

Signature of a member or authorized representative of a member

Patrick T Murphy

Typed or printed name of signee