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2014 JAN 18 PA 12: 22 SEPT ALVANCES OF STATE TALLANCESSEE, TLORIDA

N. Guffigen

COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	Hirm Decisions UC Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Monemo MuShonga Name of Person
	Hirmy Decisions UC Firm/Company
	10250 W Bay Horbor de Sk2H Address
	Bay Herrbor 1 Skula 1 FL 33154 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Minen	Name of Person at (646) 837-340 C Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
\$25.00 Fil	ing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

FILED 2014 JAN 16 PM 12: 22

	OF	SÜGRÜTÄRN OF STATE TALLAHASSEE, FLORIDA
Hiring	Decisions LLC	TALLAHASSEE, FEURIDA *
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
(·	, , ,	4
The Articles of Organization for this Limited Lia		131/13 and assigned
Florida document number <u>L13 D0D 171</u>	<u> 3499</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		### T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		cords, enter the name of the new
registered agent and/or the new registered on	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
	City	, FloridaZip Code
	Cuv	ZIP COUR

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

MGR = Manager

AMBR = Authorized Member **Title** Name Address Type of Action MGR Michaels, Chris 7000 1 Strolley ar SkE6 □ Add Beruyn, 1L 60402 Remove MGR Mushonga, Munemo 10250 W Bay Herbor Dr. Stadd Bay Horbox 18lads FZ 33154 - Remove □ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove

	mation, enter change(s) here: (Attach additional sheet MGIR Charis Mielwels and add M8hmaa	MGR
Monemo	Mahmaa	
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Page 3 of 3

Filing Fee: \$25.00