L14000004003

(Re	equestor's Name)					
(Ac	idress)					
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(Ci	ty/State/Zip/Phone	∍ #)				
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(Bu	usiness Entity Nan	ne)				
(Document Number)						
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	cr: <u>Talen</u>	H Solutions University Name of Limit	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	dence concerning this matter	to the following:	
		Kristie 7	Phillips Garner Name of Person	-
		talent So	Phillips Garner Name of Person Lutions Unlimited Firm/Company	
		1628 Amar		
		Trinity F	City/State and Zip Code	
		Knshepg(amail. Com	cation)
For furti	ner information co	ncerning this matter, please ca		,
<u>kr</u>	ishe Ga	Person	at (12-) 277-0 Area Code Daytime	Telephone Number
Enclosed	d is a check for the	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 Fee, Certificate of Status & 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

Talent Solutions	Unlin	nited	LLC			
(A Florida)	Limited Liab	s it now appe ility Company)	COPUS.)		
The Articles of Organization for this Limited Liability Co Florida document number 14000004003	ompany we 	re filed on _	1.8.	4	and as	ssigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit	ted liabilit	y company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limit	ted Liability	Company," the	e designation '	'LLC" or the a	obreviation "	L.L.C."
Enter new principal offices address, if applicable:	_			·		
(Principal office address MUST BE A STREET ADDRE	ESS)		·			
	-					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	-					
	_					
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		e address o	on our rec	ords, <u>enter</u>	the name	of the new
Name of New Registered Agent:					······································	
New Registered Office Address:						
		Enter Fi	lorida street ad	idress		
		City		, Florida	Zip Code	<u></u>
New Registered Agent's Signature, if changing Registered	Agent:	•				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	emplete pe ent as pro	rformance o vided for in	of my duties Chapter 6	s, and I am j 05, F.S. Or,	famil <u>t</u> ar w if this doc nited liabi	ith and cument is
	If Changin	g Registered	Agent, Signat	ure of New P	>	int
	D 1			RIDA	7 G	

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> **Name** <u>Address</u> **Type of Action** _D Add _□ Remove _ Change □ Remove _□ Change _□ Remove ☐ Change _ Add _□ Remove _□ Change _□ Add _□ Remove Change Change

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ocument's	effective date on th	e Department of S	State's records.				
record :	specifies a dela	ved effective o	date, but not an	effective time.	at 12:01 a.m	. on the	earlier of:
The 90th	day after the	record is filed.					
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	Mister	Plan				2016	A EXPLOSION A
_		Signature of a	member or authorized	representative of a m	ember TR	§PR	
	Krishi.	D. Gara			ASSE ASSE	•	
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Filing Fee: \$25.00