

L14 0000 24942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 07 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3 Interviews LLC *change name to*  
Name of Limited Liability Company Immediate Interviews LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jud Ireland  
Name of Person

New Name: Immediate Interviews  
Firm/Company

50 South Pointe Drive unit 1401  
Address

Miami Beach, FL 33139  
City/State and Zip Code

JP.Ireland@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jud Ireland at (516) 279-7745  
Name of Person Area Code Daytime Telephone Number

Enclosed 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

3 Interviews LLC

(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 Feb 12, 2014 and assigned  
Florida document number L14000024942

This amendment is submitted to amend the following:

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

Immediate Interviews LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

50 South Pointe Drive  
Unit 1401  
Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jud Ireland

New Registered Office Address:

50 South Pointe Drive, unit 1401

Enter Florida street address

Miami Beach

City

Florida

33139

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.

Jud Ireland  
If Changing Registered Agent, Signature of New Registered Agent

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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

Manager   Jed Ireland                      50 South Pointe Dr. Unit 1401    Add  
Miami Beach, FL. 33139                       Remove

Manager   David Naylor                      18190 Sandy Pine Circle    Add  
Ft. Meyers FL 33917                       Remove

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\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add  
\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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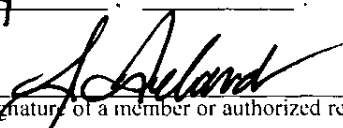
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 2, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

J. Ireland  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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