Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&CO EXECUTIVE SEARCH LLC			
(Name of the Limited Lin (A Fig	bility Company as it now appears on a rida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liabilit Florida document number £14000039003	y Company were filed on 03/06/20	014	and assigned
This amendment is submitted to amend the following	**		
A. If amending name, enter the new name of the	imited liability company here:		
H&CO Staffing Advisors LLC			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on our	r records, <u>enter</u>	
New Registered Office Address:	Enter Florida street address		
		, Florida	Zip Code
_	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the register company has been notified in writing of this cha	ed agent as provided for in Chaj stered office address, I hereby c	oter 605, F.S. Or onfirm that the li	if this document is mited liability
	1 450 1 01 0		遺伝 め

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>	Address	Type of Action	
			Add	
			Remove	
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