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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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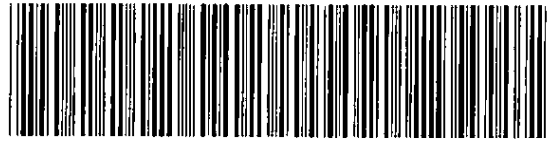
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 16 AM 11:22

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Change of Authorized Persons

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Dunia Cuneo

\_\_\_\_\_  
Name of Person

Doral Human Resources Consulting, LLC

\_\_\_\_\_  
Firm/Company

8523 NW 110th Ave

\_\_\_\_\_  
Address

Doral, FL 33178

\_\_\_\_\_  
City, State and Zip Code

d\_cuneo@aol.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Dunia Cuneo

305 496-3840

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 AUG 16 AM 11:22

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Doral Human Resources Consulting, 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 05/14/2014 and assigned  
Florida document number LI-1000078509.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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:

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>
Manager	Daniela Morillo Livoni	8523 NW 110th Ave., Doral, FL 33178	<input checked="" type="checkbox"/> Add
		(Employment Agency Manager)	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Hector Andres Cunco	8523 NW 110th Ave., Doral, FL 33178	<input checked="" type="checkbox"/> Add
		(Employment Agency Manager)	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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

Principal Management and Financial/Accounting responsibilities will continue to be by Dunia Cuneo.

Bank account is solely controlled by Dunia Cuneo.

FILED  
2024 AUG 16 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

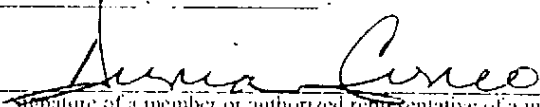
**E. Effective date, if other than the date of filing:** 08/12/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/12/2024

  
Signature of a member or authorized representative of a member

Dunia Cuneo  
Typed or printed name of signer