

L14000112738

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IN COMMONWEALTH OF MASSACHUSETTS

AUG 08 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global HR Partners, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Gabriela Martinez

Name of Person

Holland & Hart, LLP

Firm/Company

2515 Warren Ave., Suite 450

Address

Cheyenne, WY 82001

City/State and Zip Code

gmartinez@hollandhart.com

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

For further information concerning this matter, please call:

Gabriela Martinez

at (307) 778-4214

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

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2015 AUG -5 P 12:15
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

GLOBAL HR PARTNERS, 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 07/17/2014 and assigned Florida document number L14000112738.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

222 Valley Creek Boulevard

Suite 100

Exton, PA 19341

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

222 Valley Creek Boulevard

Suite 100

Exton, PA 19341

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:

NATIONAL CORPORATE RESEARCH, LTD., INC.

New Registered Office Address:

115 North Calhoun Street, Suite 4

Enter Florida street address

Tallahassee

City

Florida

32301

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>
MGR	VAN SOEST, DAVID	1161 MCDERMOTT DRIVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		WEST CHESTER, PA 19380	<input type="checkbox"/> Change
MGR	MILLER, CHARLES	222 Valley Creek Boulevard	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Exton, PA 19341	<input type="checkbox"/> Change
MGR	PEOPLE 2.0, INC.	1161 MCDERMOTT DRIVE	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		WEST CHESTER, PA 19380	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated

8/2/2016


Signature of a member or author

Signature of a member or authorized representative of a member

Charles Miller

Typed or printed name of signee

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Filing Fee: \$25.00

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