1440058751

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800272760498

05/12/15--01017--006 **25.00

ZOUS MAY 12 PM 5: 07
PARTIES OF STATE

HWA 3 July

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	R Leadership	Solutions, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Gis	Selle Del Amo Name of Person		
	Zumpa	ano Castro, LLC	<u>. </u>	
	500 S. Dr	xie Hanway So Address	ule 302	
	Coral	Gables, FL 33144 City/State and Zip Code	TALL	28
	Giselle.ortizde E-mail address:	lamo a Zumpano C	casho.com	
For further information co	oncerning this matter, please ca	all:		2
GISEILE Name of	Peison	Cables, FL 33M4 City/State and Zip Code Lamo D Zumpano C to be used for future annual report notified: at (30T) 503 - Area Code Daytime	Telephone Number	5: 07
Enclosed is a check for th				
\$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

HR Leade	ership Solutions, LLC
(<u>Name of the Limited</u>	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>LIYOODIS8</u>	ability Company were filed on 10 10 2014 and assigned
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:	LAHASSE
(Mailing address MAY BE A POST OFFICE B	BOX)
	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	12HM Services, Inc.
New Registered Office Address:	500 S. DIXIE Highway Juite 307 Enter Florida street address
	Coral Gables, Florida 33146 City Zip Code
Nam Degistared Agent's Signature if shouging D.	Parintamed Ament.

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

Page 1 of 3

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 = A	Muthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	*		□ Remove
			☐ Change
		•	□ Add
			□ Remove
		-	☐ Change
	~		DAdes Dai Dai Daremove
			SSE STANDARD
		-	Remove
			Change
<u></u>			Add
			Remove
			Change
			Add
			□ Remove
			Change

	
	
	2
	HI A
	on Y N
	
<u>ote:</u> []	e date, if other than the date of filing: tive 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 505.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nat's effective date on the Department of State's records.
reco The 9	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier could be a filled.
ited	05/66. 2019.
	Signature of a month or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00