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| | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nar | ne) |
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| (Di | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer | |
| Special instructions to | Timing Graces. | |

Office Use Only



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April 28, 2015

HAIVA MEYER 17711 CADENA DR BOCA RATON, FL 33496

SUBJECT: PINNACLE TALENT RECRUITING, LLC

Ref. Number: L15000001493

We have received your document for PINNACLE TALENT RECRUITING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00008686

COVER LETTER

| TO: Registration So Division of Co | ection porations > | | ♥ · y |
|---------------------------------------|--|---|---|
| Pinnacle | Talent Recruiting, LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Haiva Marks Meyer | | |
| | | Name of Person | · |
| | and the latest the second seco | Firm/Company | |
| | 17711 Cadena Drive | • | |
| | | Address | |
| | Boca Raton, FL 334 | 96 | |
| | | City/State and Zip Code | |
| | haiva.marksmeyer@t | | |
| For further information of | oncerning this matter, please ca | o be used for future annual report notified. | cation) |
| Haiva Marks Meye | | 561 353-8902 | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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

| Pinnacle Talent Recruiting | | | | |
|---|--|---|--|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited I Florida document number L15000001493 | Liability Company | were filed on 1/6/2015 | and assigned | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| Talent Maestros, LLC | | | | |
| The new name must be distinguishable and end with th | e words "Limited Liab | pility Company," the designation "LLC" or | the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 2255 Glades Road, Suite 324-A | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Boca Raton, FL 33431 | | |
| Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of the new | d/or registered o | | nter the name of the | |
| registered agent and/or the new registered | ornice additess ner | <u>c</u> . | AW CAN | |
| Name of New Registered Agent: | Haiva Mark | s Meyer | 602: <u>- </u> | |
| New Registered Office Address: | 2255 Glade | es Road Suite 324-A | | |
| | Boca Rator | Enter Florida street address | ຼີ້ . 3 3 431 ທ | |
| | Doca Hator | City , Florida | a 33431 Un | |
| New Registered Agent's Signature, if changing | Registered Agent: | • | | |
| • • • | ., | | r agree to comply with | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg | per and complete | performance of my duties, and I | am familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|-------------------------------|----------------|
| Mgr | Haiva Marks Meyer | 2255 Glades Road, Suite 324-A | ■ Add |
| | | Boca Raton, FL 33431 | Remove |
| Mgr | Diane Bowers | 6750 N. Andrews Ave. | |
| | | Ft. Lauderdale, FL 33309 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
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| | | | □ Remove |
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| if amending any other info | ormation, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
| | |
| | |
| | |
| Effective date, if other that (The effective date must be specifi the date this document is filed by | n the date of filing: (optional) c, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State) |
| Dated April 16 | , 2015 |
| | |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member Ne(/ Sold hours of signee) |

Page 3 of 3

Filing Fee: \$25.00

15 MAY IT AN 7:51