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Certified Copies	_ Certificates	of Status
	Elliss Officer	
Special Instructions to	Filing Oπicer;	

Office Use Only



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## **COVER LETTER**

Division of C	orporations		
MV Plac SUBJECT:	ement & Management Services 1	LC.	
SUBJECT:		ited Liability Company	_
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Earl Morgan		
	<del>,</del>	Name of Person	<del></del>
	Morgan Financial Services		
		Firm/Company	
	6808 Stirling Road		
		Address	
	Hollywood, Florida, 33024	ı	
	mfstaxes@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Earl Morgan		954 581-5047	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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:

TO:

**Registration Section** 

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

MV Placement & Management Services LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 05/01/2015	and assigned
Florida document number L15000077007		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
C&E Recruiting Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADDRESS)		
		w m
Enter new mailing address, if applicable:		<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)		06
B. If amending the registered agent and/or registered o	office address on our records	s, enter the name of the no
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	y.
		orida
	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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f an effecti <b>Note:</b> If t	date, if other the we date is listed, the he date inserted in 's effective date o	date must be speci this block does	itic and cannot be s not meet the a	applicable statuto	ing or more than 90 or ry filing requirem	(optional) days after filing.) Pur ents, this date will	suant to 605.026 not be listed :
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Dated	June	25,	, <u>Z(</u>	019			
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Page 3 of 3

Filing Fee: \$25.00