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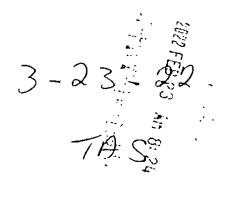
(Re	questor's Name)	
DA)	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	 Registration Se Division of Cor 		•	2 4 1		
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		ENT MANAGEMENT LLC				
		Name of Lim	ited Liability Company			
T)		15 (3)	the Letter City			
The en	iclosed Afficles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		GIANNI TONIUTTI				
			Name of Person			
		TT TALENT MANAGEM	ENT LLC			
			Firm/Company			
		407 LINCOLN ROAD, SU	NTE 11-C			
			Address			
		MIAMI BEACH, FL 3313	9			
			City/State and Zip Code			
		GIANNLTONIUTTI@TTA		-		
		E-mail address: (to be used for future annual report noti	fication)		
For fur	rther information c	concerning this matter, please ca	all:			
GIAN	NETONIUTTI		305 534-0420 at ()			
Name of Person		Area Code Daytuu	e Telephone Number			
		he following amount:				
≡ \$2	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 Addres		Street Address:			
	Registration S		Registration Section Division of Corporations			
	Division of C P.O. Box 632		The Centre of T			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLRT TALENT MANAGEMENT LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 11/03/2015	and assigned
Florida document number 81-1070000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
ΓΤ TALENT MANAGEMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~≎
• •		122
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		Like Cit
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		•
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registe
V 0 1007 AH		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
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			□Change
		-	□Add
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ffective date, if other than the an effective date is listed, the date must	date of filing	2;			(optional)		
an effective date is listed, the date must Note: If the date inserted in this blo	he specific and	cannot be prior to	o date of filing	or more than 90	days after filing	.) Pursuant to 60 will not be li	05,020° sted as
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record specifies a delayed effective	date, but not	an effective tin	ne, at 12:01%	.m. on the ear	lier of: (b) Th	ie 90th day afi	ter the
d is filed.			1				
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Filing Fee: \$25.00