## L15000206761

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
CINQ Recru	aitment LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are submitted to the concerning this matter to	-	
	Samuel L. Bell		
		Name of Person	<del></del>
	CiNQ Recruitment LLC		
	<del></del>	Firm/Company	<u></u> .
	325 S. McGee Ave		
		Address	
	Apopka, FL 32703		
	sam.bell@cinqgroup.com	City/State and Zip Code	<del></del>
	E-mail address: (t	o be used for future annual report n	otification)
For further information co	oncerning this matter, please ca	dt:	
Samuel Bell		407 701-4963	
Name of	Person		ime Telephone Number
nclosed is a check for the	e 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 Fec, 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

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited I Florida document number L15000206761	Liability Company	were filed on January 19, 201	6 and assigned
This amendment is submitted to amend the fol	lowing:		5
A. If amending name, enter the new name of	of the limited liab	ility company here:	6 7
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	CiNQ Recruitment LLC	
Principal office address MUST BE A STREET ADDRESS)		325 S. McGee Ave	υ <sub>α</sub>
		Apopka, FL 324703	-/
Enter new mailing address, if applicable:		CiNQ Recruitment LLC	
Mailing address MAY BE A POST OFFICE BOX)		325 S. McGee Ave	
		Apopka, FL 32703	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			is, enter the name of the
	325 S. McGee	Ave	
New Registered Office Address:		Enter Florida street addre	ess
	Apopka	. <b>F</b>	lorida <sup>32703</sup>
		City	Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michele Gibbons	2420 Oak Drive Longwood FL 32779	Add
			Remove
			Change
MGR	Samuel Bell	325 S. McGee Ave Apopka, FL 32703	Add Š
			□ Remove
			© □ Change
		<del></del>	
			□ Remove
		<del></del>	Change
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dete: If the date inserted in this block does not meet the applicable statutory filing requirement seffective date on the Department of State's records.	(optional) lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at $f 1$ he 90th day after the record is filed.	2:01 a.m. on the earlier o
red November 19 , 2018.	
Signature of a member or authorized representative of a member	r

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Filing Fee: \$25.00