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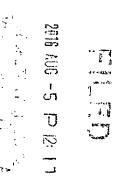
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2016

MARKEASE DOE 5225 NW 29TH AVE, UNIT 805 MIAMI, FL 33142

SUBJECT: I KNOW TALENT, LLC Ref. Number: L16000106120

We have received your document for I KNOW TALENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 716A00014816

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COVER LETTER

Division of Corporations	
SUBJECT: T Know Talent, & Name of Limited Liability Compa	LLC any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Markease Doe Name of Pers	Son
I Know Tal	e f
5225 NW 294 Address	Are Unit 805
Miani, Fl 3	3314) p Code
Kept@iknowtalest. E-mail address: (to be used for future	.com
For further information concerning this matter, please call:	annual report notification)
Markease Doe at 917 Name of Person Area Con	de Daytime Telephone Number
Enclosed is a check for the following amount:	بس حز
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status	=

MAILING ADDRESS:

Registration Section

TO:

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

I Know Takent		
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000106130</u> .	were filed on $06/01/16$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	5225 NW 29th Are Unit 805	_
(Principal office address MUST BE A STREET ADDRESS)	5225 NW 29th Are Unit 805 Miami, Fl 33142	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 16 A 1999 A 1	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>nev</u>
Name of New Registered Agent: New Registered Office Address:	N/A	_
	Enter Florida street address	
	, Florida	_
	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 = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ceo	Markease Doe		🗆 Add
			Remove
		MGR instead of (e)	A Change
100	Paul Bearzil		Add
			☐ Remove
		MGR instead of (00	☑ Change
<u>CLO</u>	Randy Acher		🗆 Add
			□ Remove
		MGR instead of CLO	A Change
			Add
		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Remove
			Change
<u>Cso</u>	Dawn Salem		☐ Remove ☐ Change ☐ Change
Remove	from Articles,	Completely Remove	Remove
		Completely Remove	Change
***************************************			Add
			Remove
			П Сһярое

mending any other informatio	n, enter change(s) here	e: (Attach additional she	ets, if necessary.)	
To Clarify	100 100 100 100 100 100 100 100 100 100			
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If the date inserted in this block iment's effective date on the Department.	c does not meet the applic	able statutory filing require	ements, this date will no	ot be liste
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ne 90th day after the recor	j is filed.			
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Filing Fee: \$25.00