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## **COVER LETTER**

TO	Registration Se Division of Cor						
eu.	Hiring Man	agement Services, LLC					
SUBJECT:Name of Limited Liability Company							
The	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Ple	ase return all correspo	ondence concerning this matter	to the following:				
		Kathleen B. Migliore					
		.,	Name of Person				
		Hiring Management Service	es dba Employment Pros				
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		3956 Town Center Blvd, S	te 479				
			Address				
		Orlando, FL 32837					
			City/State and Zip Code	,			
		kathy.m@employmentpros.					
		E-mail address: (	to be used for future annual report notifi	cation)			
For	further information c	oncerning this matter, please ca	all:				
Ka	thy Migliore		321 331-1359 at ( )				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enc	closed is a check for the	ne 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

Hiring Managements Services, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our recor I Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		= = = =
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Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		****
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he		is, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	488
		lorida
	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
MGR	Doug Green	3956 Town Center Blvd, Ste 479	Add
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			Change
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	ve date, if other th			or to date of filing		tional) ter filing.) Pursuant to 6	
Note: I	f the date inserted in	this block does	not meet the app	icable statutory f		his date will not be li	
aocume	nt's effective date o	n the Departmen	t of State's record	18.			
ne reco	ord specifies a d	elayed effecti	ve date, but i	not an effectiv	e time, at 12:01	a.m. on the ear	lier of
	90th day after t				·		
	notabe.	17	2014				
Dated _	October Hathle Kathle	11					
	Datale	en /3.	might	gre			
		Cianatura	of a member or au	thorized representa	tive of a member		
	,	Bignature		•			

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Filing Fee: \$25.00