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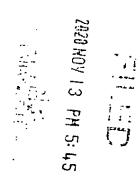
(Reque	estor's Name)	
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COVER LETTER

	Registration Se Division of Cor		,-	
		AN RECRUITING LLC		
SUBJEC'	Г:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		OLIVIER SAFIR		
			Name of Person	
			Firm/Company	
1253 WASHINGTON AVE SUITE 222				
	Address			
		MIAMI BEACH, FL 3313	9	
			City/State and Zip Code	
		RUBEN@MIATAX.COM		
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	
RUBEN 2	ZURGA		305 742-8443 at ()	
	Name o	f Person	Area Code Daytime Telephone No	ımber
Enclosed	is a check for th	ne following amount:		
室 \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
_	Mailing Addres		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		7	The Centre of Tallahassee	
		FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE OCEAN RECRUITING LLC		5. 5
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	3
The Articles of Organization for this Limited Liability Company Florida document number L17000002184	were filed on 01/04/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SAFIR RECRUITING LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1253 WASHINGTON AVE STE 22	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL 33139	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1253 WASHINGTON AVE STE 22 MIAMI BEACH, FL 33139	22
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	Florida	a
	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 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>	Name	Address	Type of Action
AMBR	SAFIR, OLIVIER	1253 WASHINGTON AVE STE 222	≅ Add
		MIAMI BEACH, FL 33139	□Remove
			[] Change
AMBR	COHEN & SAFIRMAN LLC	1253 WASHINGTON AVE STE 222	🗆 Add
		MIAMI BEACH, FL 33139	□Remove
			□ Change
			□Remove
		□Change	
			□Add
			Remove
			□Change
			□ Add
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			□Add
			□Remove
			□Change

amending any other information				
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	11/10/2020		/ 4	
ective date, if other than the dat reffective date is listed, the date must be:	e of fitting:specific and cannot be prior to d	iate of filing or more than 90	(optional) days after filing.) Pursuant to 605	5.0207
te: If the date inserted in this block	does not meet the applicable			
cument's effective date on the Depar	iment of State's records.			
ecord specifies a delayed effective da is filed.	e, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 90th day after	r the
is filed.				
NOVEMBER 10	2020			
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Sigi	active of a member of authorize	to representative of a memo-	••	
RUBEN ZURGA				
	Typed or printed n			

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Filing Fee: \$25.00