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SECRETARY OF STATE

K. SALY JUN - 6 2017

COVER LETTER

	gistration Sect ision of Corpo			
SHRIECT.	Loga Recruit	ment, LLC		
SUBJECT	The state of the s	Name of Lim	ited Liability Company	
The enclosed	ł Articles of Aı	nendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Adam O. Kirwan		
			Name of Person	
			Firm/Company	
		301 N. Ferncreek Avenue,	Suite C	
			Address	
		Orlando, Fl. 32803		
			City/State and Zip Code	
		earl.pabellano@gmail.com		
For further in	oformation con	erning this matter, please ca	to be used for future annual report notificall.	cation)
		orning this matter, prease of		
Adam O. Kirwan 407 210-6622 at ()				·
	Name of Po	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

2017 JUN-5 PH 3:27

TALLAHASSEE. FLORIDA

Loga Recruitment, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	v were filed on March 2, 2017	and assigned
Florida document number L17000049206		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
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)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		ter the name of the new
N D		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I o provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
ICCh	anging Registered Agent, Signature of Ne	w 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	KLF Management Services, LLC	301 N. Fernercek Avenue	Add					
		Suite C	□ Remove					
		Orlando, FL 32803	□ Change					
MGR	Earl Allen Galdo Pabellano	301 N. Fernereck Avenue	Add					
		Suite C	■ Remove					
		Orlando, FL 32803	□ Change					
			☐ Remove					
			SECONDO LE TALLE AREA LE TALLE					
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