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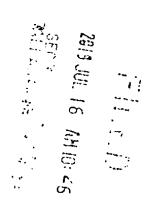
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| Certified Copies        | Certificates       | of Status    |
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| Special Instructions to | Filing Officer:    |              |
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## **COVER LETTER**

TO:

Registration Section

| Division of Co                   | rporations                                     |   | ••  |
|----------------------------------|--|---|---|
|                                  | NVESTMENTS LLC                                 |   |   |
| SUBJECT:                         | Name of Lin                                    | nited Liability Company   | <del></del>   |
|                                  |  |   |   |
| The enclosed Articles of         | Amendment and fee(s) are sub                   | omitted for fiting.   |   |
| Please return all correspondence | ondence concerning this matter                 | to the following:   |   |
|                                  |  |   |   |
|                                  | DANIEL RANGEL                                  |   |   |
|                                  |  | Name of Person  |   |
|                                  |  |   |   |
|                                  |  | Firm/Company  | <del></del> _   |
|                                  | 6925 LAKE ELLENOR D                            | R, SUITE 117  |   |
|                                  |  | Address   |   |
|                                  | ORLANDO, FL 32809                              |   |   |
|                                  |  | City/State and Zip Code   | <del></del>   |
|                                  | COORDINATOR@BIZNE                              | ZSOLUTIONS COM  to be used for future annual report noti            | (ication)   |
| For further information of       | concerning this matter, please c               |   |   |
| DANIEL RANGEL                    |  | 321 8065425   |   |
| Name o                           | of Person                                      | at ()<br>Area Code Daytim   | e Telephone Number  |
|                                  |  |   |   |
| Enclosed is a check for t        | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regist                           | ING ADDRESS: ration Section on of Corporations | STREET/COURI<br>Registration Section<br>Division of Corpor          | on  |
| P.O. B                           | ox 6327<br>assec. FL 32314                     | Clifton Building<br>2661 Executive Ce                               |   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### CELLI'S INVESTMENTS LLC

| ( <u>Name of the Limited Lial</u><br>(A Flo   | bility Company as it now appears on our recor<br>rida Limited Liability Company) | <u>ds.</u> )                    |
|---|--|---------------------------------|
| The Articles of Organization for this Limited Liability Florida document number 1.18000010625   | y Company were filed on 01/11/2018   | and assigned                    |
| This amendment is submitted to amend the following  | :  |                                 |
| A. If amending name, enter the new name of the li   | imited liability company here:   |                                 |
| HUMAN WORKFORCE LLC   |  |                                 |
| The new name must be distinguishable and contain the words "I                                   | imited Liability 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 AD.  | DRESS)   |                                 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)            |  | 72.0 22                         |
| B. If amending the registered agent and/or registered agent and/or the new registered office ac | gistered office address on our record<br>ddress here:                            | ls, enter the name of the ne    |
|   |  |                                 |
| New Registered Office Address:  | Enter Florida street addre   | ss                              |
|   |  | lorida                          |
|   | City   | Zîp 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 add or removed from our records:

MGR = Manager

| AMBR = Authorized Member |             |              |                |  |
|--------------------------|-------------|--------------|----------------|--|
| <u>Title</u>             | <u>Name</u> | Address      | Type of Action |  |
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| ). If an                | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| (If an e<br><u>Note</u> | tive date, if other than the date of filing:  |
|                         | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated                   | July 12th 2019.   |
|                         | Signature of a member or authorized representative of a member  |
|                         | Salli (elli   |
|                         | Typed or printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00