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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

Talento Se	earch LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bryan Bencosme		
		Name of Person	
	Talento Search LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	3609 Valley Way		
		Address	
	West Palm Beach, FL 3340	06	
		City/State and Zip Code	
	talentosearchlle@gmail.com	n to be used for future annual report notifi	
For further information	concerning this matter, please co	·	cation)
Bryan Bencosme		561 352-9073	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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

Talento Search LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our red led Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 1/22/2018	and assigned
Florida document number L18000018253		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2. VISE 3. SECOND
(Principal office address MUST BE A STREET ADDRESS	2	DAY OR
		29
Enter new mailing address, if applicable:		AMII:
(Mailing address MAY BE A POST OFFICE BOX)		3. 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr	Bryan Bencosme	3609 Valley Way. West Palm Beac	Add
			☐ Remove
			Change
Mrs	Raquel Bencosme	3609 Valley Way, West Palm Beac	
			■ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change
			D Add
			Remove
			□ Change

			
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ective date, if other than t	he date of filing:	(n	ptional)
effective date is listed, the date i	nust be specific and cannot be prior to o	late of filing or more than 90 days a	after filing.) Pursuant to 605.03
	block does not meet the applicable Department of State's records.	e statutory thing requirements,	this date will not be listed
record specifies a delay he 90th day after the r	red effective date, but not a ecord is filed.	n effective time, at 12:0	1 a.m. on the earlier
ed May 25th	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00