## L18000205574

(Requestor's Name)	<u> </u>
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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO: Registration So Division of Cor			
	llennials, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The angles ad Actiolog of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
riease return an correspo	sudence concerning this maner	to the following.	
	Mercedes Swan		
	<del>-</del>	Name of Person	
	HR for Millennials LLC		
		Firm/Company	
	16877 E Colonial Dr. STE	301	
		Address	
	Orlando, Florida 32820		
		City/State and Zip Code	<del></del>
	hello@mercedesswan.com	to be used for future annual report not	(footion)
For further information of	concerning this matter, please co	·	meanon)
	concerning this matter, prease co		
Mercedes Swan  Name of Person		321 230-6708 at ()	20.1 A A A A
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ha fallowina amount:		
	•	Fires no river use &	Fl. \$48.00 Elling Voc
■ \$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  Pagistration		Street Address:	ction
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2025 MAR 12 AM 8: 37

HR FOR MILLENNIALS, LLC

ENNIALS, LLC

(Name of the Limited Liability Company as it now appears on our records.) IALL AHASSEE. FLORIDA

(A Florida Limited Liability Company)

Florida document number L18000205574	y were filed on $\frac{08/28/2}{2}$	and assigned
lorida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Career Love, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	ration #1.1.C." the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our reco	ds, enter the name of the new register
gent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida s	treet address
Name of New Registered Agent:		street address Florida Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of fili	ing:			(	optional)		
an effective date is listed, the date must be specific a ote: If the date inserted in this block does not	ind cannot be t meet the ap	prior to date oplicable st	of filing or mo atutory filing	re than 90 days requirements	after filing.) s, this date	Pursuant to 60, will not be list	5.020° ted as
ocument's effective date on the Department of	f State's rec	ords.					
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record specifies a delayed effective date, but n is filed.	ot an effecti	ve time, at	12:01 a.m. o	n the earlier (	of: (b) The	: 90th day atte	er the
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Merce de Signature of	a member or	authorized r	epresentative	of a member			

Filing Fee: \$25.00