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### **COVER LETTER**

Division of Corpora	ations			
SUBJECT: Longl	noard Rec	ited Liability Company	· C	
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
-	Longbe 503	Bluch Name of Person  Day of Recordition  Firm/Company  Sivuance  Address  City/State and Zip Code  Code of Control of Code  Code of C	irele =	
For further information conce			cation)	
Kevin Bea		at ( <u>\$13</u> ) <u>230 -</u> Area Code Daytime	子529 Telephone Number	
Enclosed is a check for the fo	llowing amount:		j	
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

#### MAILING ADDRESS:

TO:

Registration Section

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

Longbo	pard Re	ecruiting LLC	
( <u>Name of the Limite</u>	d Liability Comp A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Lia		y were filed on <u>Novembe</u>	15, 2018 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica-	ble:	<del>/</del>	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/o registered agent and/or the new registered offi  Name of New Registered Agent:	r registered (		rds, enter the name of the new
New Registered Office Address:			
		Enter Florida street add	ress
		City	Florida Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent	<u>:</u>	·
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as egistered office	e performance of my duties, provided for in Chapter 60.	and I am\familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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n effective ote: If the cument's	date is listed, the date inserted effective date	in this block do on the Departn	ecific and o ses not mo nent of St	cannot be prior cet the applica ate's records.	ible statutory	g or more than 90 filing requiren	nents, this da	ng.) Pursuant t te will not be	e listed
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		. BEACH							

Page 3 of 3

Filing Fee: \$25.00