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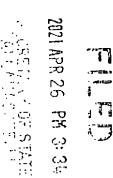


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COVER LETTER

	ation Section n of Corporat	ions		
SUBJECT:	MJ	Marke ting Name of Lin	Solutions LLC ited Liability Company	
		dment and fee(s) are sub	-	
rease return all	correspondenc	e concerning this matter	to the following:	
	_	Maria	Z Juar Z Name of Person	
	_	MJ M	arketing Solutions	<u>.</u>
		11268 N	JW 43 Ter Address	2021 MPS 26 PH 3: 34 OF STATE Action)
	_		City/State and Zip Code	26 PH (
		Maria Z E-mail address:	UCICZ & OUTLOOK. C	COVI SE
or further infor	mation concer	ning this matter, please co	all:	
Maria	Tu() Name of Perso	CEZ	at (<u>3 05</u>) <u>293 – 3</u> Area Code Daytime T	3759 Telephone Number
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□ \$25.00 Filin	g 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)
	Address: ration Section	on	Street Address: Registration Secti	ion
Divisio	on of Corpo	rations	Division of Corpo	orations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJ Marke Find (Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>し2000ロロオタ</u>	ompany were filed on April 24, 2020 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit Human Capital Busi The new name must be distinguishable and contain the words "Limit	A
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	Same as before
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as befores
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	1A Same as before Enter Florida street address
<u> </u>	, Florida City Zip Code
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability
	NIA

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ord spec filed.	ifies a delayed e	ffective date, bu	ut not an	effective 1	ime, at 12	:01 a.m. or	the earlie	r of: (b)	The S	90th da	iy after t
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