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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Ala Recruition	all(·	₈₁ 9		
		Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	Andrec	a Pollack Name of Person			
		Name of Person		76.00 PB	
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		L 33458 City/State and Zip Code		•	
	andrea@ a	larecoiting, com			
	E-mail address: (t	o be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca	11:			
Andrea P	black f Person	at (<u>954</u>) <u>551 -</u> Area Code Daytir	228) ne Telephone Number		
, vanie v	. 1 0.000.	1100 0000			
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration S	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of	•		
1.O. DOX 032	. 1	The Centre of	rananassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIA Recruiting L	J-C	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 120312</u> .	were filed on <u>5 /4 / 2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18881 Big (4piess Jupiter Fr 33458	Drive
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registered
		高売 5
New Registered Office Address:	Enter Florida street address	Es B W
	, Florida _ ,	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 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
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Note: It the date inso	eried in this block doe date on the Departme	es not meet the applicate ent of State's records.	ole statutory filing rec	quirements, this d	ate will not be list	ed as t
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