L20000345769

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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
	R SOLUTIONS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Fritz Gustave			
		Name of Person		
	The Sejour Gustave Firm	PLLC		
		Firm/Company	 	
	20801 Biscayne Blvd. Ste	403		
		Address		
	Aventura, FL 33180			
		City/State and Zip Code		
	admin@thesgfirm.com		383	
For further information of	concerning this matter, please c	to be used for future annual report no	uncation)	
	concerning this matter, prease c			
Case Manager		305 857-5711 at ()		
Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for t	he 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	s <u>s:</u> Section	<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
		2713 IV. MONI	v autor, anic oin	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&J HR SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/30/2020}{10/30/2020}$ and assigned Florida document number _____L20000345769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The HR Formula Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	<u>Address</u>	Type of Action
MGR	JESSICA CHARLES	18117 BISCAYNE BOULEVARD #3019	□Add
		MIAMI, FL 33160	Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
	·		🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			[]Change

fan ei Note:	tive date, if other than the date of filing: [Interview date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
rd is f	iled.
e reco rd is f Dated	iled.

Filing Fee: \$25.00