L21000141394

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TO: Registration Sec Division of Corp		×.		
SUBJECT: SU	Stematic HR	CONSULTING, ted Liability Company	LLC	<u>)</u>
The enclosed Articles of A	Amendment and fec(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Jessi	Ca Matsun Name of Person		
	Systematie	HR Consulting	LLC	<u>.</u>
	4012 Soun	Let Dr. Address		
	Tallahas jymatso	City/State and Zip Code 1 C OMOU . COM o be used for future annual report noti	fication)	
For further information ec	oncerning this matter, please ca		neadony	
JESSICA P	Matson Person	at (<u>404</u>) <u>1788 - 7</u> Area Code Daytin	527 le Telepho	ne Number
Enclosed is a check for th	e 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 Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Systematic HR Consulting, 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 March 25, 2021 _____ and assigned Florida document number <u>1.21000141394</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1700 North Monroe St. Enter new mailing address, if applicable: Suite 11-313 (Mailing address MAY BE A POST OFFICE BOX) Tallahassee, FL 32303 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 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
AMBR	Jessica Matson	4012 Sonnet Dr.	
		Tallahassee, FL 32303	□Remove
1			□Change
			□Add
			□ Remove
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ffective date, if	other than the date o	of filing:		(optional)	
fan effective date is <mark>Vote:</mark> If the date i	listed, the date must be spec	cific and cannot be prior to da es not meet the applicable	te of filing or more than statutory filing requir	90 days after filing A Pursu	ant to 605.0207 of be listed as
record specifies a I is filed.	a delayed effective date.	but not an effective time.	at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
ated ####	July 1	2021			
	A SISSI COL	Mattou Lata member or authorized	representative of a mer	nber	
	b.	mina Mat	_		