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COVER LETTER

	ion Section if Corporations				
Taler SUBJECT:	t Consultant Group, LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
	les of Amendment and fee(s) are sub				
	Wanda Luong				
		Name of Person			
	Talent Consultant Group, LLC				
	Firm/Company				
	638 Chandler Drive				
		Address			
	wluong@talentconsultantgr E-mail address: (to be used for future annual report no	olification)	ومر	
For further informa	tion concerning this matter, please c	all:			
Wanda Luong		904 699-5111 ar ()		——————————————————————————————————————	
``	lame of Person	Area Code Dayti	me Telephone Number	10 -	
Enclosed is a check	for the following amount:			≥ 3	
□ \$25.00 Filing	Gee S30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy tadditional copy is	status &	

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Talent Consultant Group, 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 $\frac{05/10/2021}{1}$ and assigned Florida document number $\frac{1.21000215786}{1.21000215786}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 717 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: NO Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cm

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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address		Address Type of Ac	
AMBR	Wanda Luong	638 Chandler Drive, Saint Johns Florida 32259	= Add		
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document's effective date on the Ex	eparation of state site	.coras.		A ::	7
record specifies a delayed effectiv d is filed.	e date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (8)) The 90 mainst after	er the
May 20	2021				
Dated 7	Q P	·			
	Signature of a member of				
			after the cold of the contractor became		

Filing Fee: \$25.00