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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		DURCING SOLUTIONS LLC	•		
SOBJEC	''	Name of Lin	nited Liability Company		
The enclo	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspor	ndence concerning this matter	to the following:		
		LEEBETSY CHARON			
		Name of Person			
		THE CRAFT ACCOUNT	ANT		
			CING SOLUTIONS LLC Name of Limited Liability Company Indirect and feets) are submitted for filing, ee concerning this matter to the following: LEEBETSY CHARON Name of Person THE CRAFT ACCOUNTANT Firm/Company 400 SW 87 AVENUE, UNIT 1 Address MIAMI, FL 33174 City/State and Zip Code BCHARON@THECRAFTACCOUNTANT.COM E-mail address: (to be used for future annual report notification) Thing this matter, please call: 305 984-9261 on 1 Area Code Daytime Telephone Number 1 Status & Certificate of Status & Certificate Opy (additional copy is enclosed)		
		R OUTSOURCING SOLUTIONS LLC Name of Limited Liability Company rticles of Amendment and feets) are submitted for filing. I correspondence concerning this matter to the following: LEEBETSY CHARON Name of Person THE CRAFT ACCOUNTANT Firm/Company 1400 SW 87 AVENUE, UNIT 1 Address MIAMI, FL 33174 City/State and Zip Code LBCHARON@THECRAFTACCOUNTANT.COM E-mail address: (no be used for future annual report notification) Firmation concerning this matter, please call: HARON Name of Person at (
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Name of Person THE CRAFT ACCOUNTANT Firm/Company 1400 SW 87 AVENUE, UNIT I Address MIAMI, FL 33174 City/State and Zip Code LBCHARON@THECRAFTACCOUNTANT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
	City/State and Zip Code		Name of Limited Liability Company des of Amendment and fee(s) are submitted for filing. Interespondence concerning this matter to the following: LEEBETSY CHARON Name of Person THE CRAFT ACCOUNTANT Firm/Company 1400 SW 87 AVENUE, UNIT 1 Address MIAMI, FL 33174 City/State and Zip Code LBCHARON@THECRAFTACCOUNTANT.COM E-mail address: (to be used for future annual report notification) Station concerning this matter, please call: RON at (305 984-9261		
		-		7. AE	
For furthe	er information co		·	1 JUN CARA	
			305 984-9261	s60.00 Filing Fee. Certificate of Status & Certified Copy	
	Name of	Person			
Enclosed	is a check for th	e following amount:		בי בי	
■ \$ 25.0	00 Filing Fee		Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status & I Copy	
	Mailing Address Registration S		Street Address: Registration Section		

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

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

HR OUTSOURCING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(7110)	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L21000262502	Company were filed on 06/07/2021	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registere
Name of New Registered Agent:		န်း တ
New Registered Office Address:		3 11
	Enter Florida street address , Florida	<u> </u>
	City	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 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LEEBETSY CHARON	1400 SW 87 AVENUE, UNIT I	
		MIAMI, FL 33174	Remove
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