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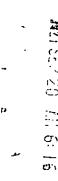
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Talent Socrer USA LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Damian Rodriguez Name of Person	
Talent Doccer USA Firm/Company	
4842 Kingsmeadow Lane	
Jacksonville, FL 32217 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Damian Rodriguez at (904) 431-1109 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

20 11 5:16 imited 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 1000 11, 2021 Florida document number <u>L21000271924</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 "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 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 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:

AMBR = Aut	nager thorized Member	I of the management of the second	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Juan J. Garcia	7490 Spinola Road	_ □Add
		Jacksonville, FL 32217 US	Remove
			□Change
<u>AMBR</u>	Renato Gjergji	5465 John Road	. □Add
		Jacksonville, FL 32207 US	DRemove
			Change
AMBR	Heaibert D. Diamono	J 1801 Kernan BLVD S APT	1303
		Jackmonille, FL 32246 US	D Remove
			Change
AMBR	Melanie E. Stotkin	5114 Oak Bond Ave	□Add
		jacksonville, FL 32257 US	Dikemove
			Change
			□Add
			Remove
			□Change
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			□Remove

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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (cable statutory filing requirements, this date will not be listed as the
ne record specifies a delayed effective date, but not an effective tord is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated ALDIUST 19, 2021	·