## K210003883412

(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT: VAXXED!	IOBS.COM LLC			
	film	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Blake Underhill			
		Name of Person		
	<del></del>	Firm/Company		
	1818 Crane Creek Blvd	Address		
	Melbourne, FL 32940		<i>(</i> .3	20
	blake@vaxxedjobs.com	City/State and Zip Code	7	2021 SEP -9
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifall:	cation)	9
Blake Underhill		at ( 509) <u>216-1163</u>		
	f Person		Telephone Number	77 2
Enclosed is a check for the	ne 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 Sta Certified Copy (additional copy is ea	tus &
Mailing Addres Registration S		Street Address: Registration Sec	tion	
Division of C	Corporations	Division of Con	oorations	•
P.O. Box 632	! /	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAXXEDJOBS.COM 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 08/31/2021 and assigned Florida document number <u>L21000388342</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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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>	Address	Type of Action
MGR	Blake Underhill	1818 Crane Creek Blvd	⊟Add
		Melbourne, FL 32940	□Remove
			□Change
			□Add
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			□Change
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Fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or ote:  If the date inserted in this block does not meet the applicable statutory fil ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursua	1: 32 nt to 605.0
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n	o, on the earlier of: (b) The 90th o	dav after th
s filed.		, <del></del>
	7	
led September 7 2021		

ET E. COSOO

Typed or printed name of signee