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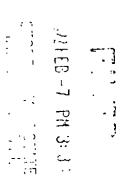
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	;
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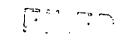
COVER LETTER

TO: Registration Se Division of Cor			
	G RESUME LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ABENA BREWER		
	 	Name of Person	
	A WINNING RESUME L	LC	
		Firm/Company	
	7840 SONOMA SPRINGS	S CIR APT 102	
		Address	
	LAKE WORTH , FL 3346	3	
		City/State and Zip Code	
	ABENABREWER@GMAI		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
ABENA BREWER		757 9518429	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he 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



1/2 FEB -7 PH 3: 3:

A WINNING RESUME 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 01/05/2022 and assigned

Florida document number L22000021724

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A WINNING RESUME LLC

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

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

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office 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.

Enter Florida street address

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
AMBR	ABENA BREWER	7840 SONOMA SPRINGS CIR APT 102	□ Add
		LAKE WORTH FL 33463	□Remove
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
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ective date, il oth i offective date is liste	er than the date of f	iling:	date of filing or more t	(optional) ian 90 days after filing.) Pi	ursumut to 605 02
te: If the date inser	rted in this block does r	not meet the applical	ole statutory filing rec	prirements, this date wi	Il not be listed:
rument's effective of	date on the Department	of State's records.			
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scord specifies a del s filed,	ayed effective date, but	i not an effective tim	ie, at 12:01 a.m. on th	ie earlier of: (b) The 9	Oth day after th
ed JANUARY 31		Λ^{2022}			
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		=#1>			

Filing Fee: \$25.00

Typed or printed name of signee