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(Requestor's Name)
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(Addross)
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COVER LETTER

TO: Registration Sec Division of Corp				t.	
	THR CONSULTING SERVI		,		
SUBJECT:	Name of Lim	ited Liability Company			
	amendment and fee(s) are subsidence concerning this matter				
	Bertha L. Burruezo, Esq.				
		Name of Person	·	-	``
	Вигтиего & Вигтиего				
		Firm/Company		-	
	911 Outer Road				
		Address		- 2	:
	Orlando, FL 32814			2 AU	9
	admin@burruezolaw.com	City/State and Zip Code		22 AUG 19	2
		to be used for future annual report n	otification)	P	
For further information co	ncerning this matter, please c	all:		1:5	
Lara Stoodley		407 754-2904 at ()			-3
Name of	Person		time Telephone Numbe	r	
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate 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

BURRUEZO HR CONSULTING SEI		norm on our roomde l		
(<u>Name of the Limited</u> (A	Liability Company as it now app Florida Limited Liability Compan	y)		
The Articles of Organization for this Limited Liab	oility Company were filed on	January 21, 2022	and assig	gned
Florida document number L22000088856				
This amendment is submitted to amend the follow	ring:			
a. If amending name, enter the new name of t	he limited liability company	<u>y here</u> :		
BURRUEZO HR SOLUTIONS, LLC				
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," t	he designation "LLC" or the abb	reviation "L.L	C."
Enter new principal offices address, if applicat	ole:			<u></u>
Principal office address MUST BE A STREET	ADDRESS)		2	<u> </u>
			3 0 0	표표 - (2
			9	
Inter new mailing address, if applicable:			PH	1.5.
Mailing address MAY BE A POST OFFICE B	OX)			;;·;
Muning dances with Bentiografic			5	
B. If amending the registered agent and/or registered agent and/or the new registered office address		ur records, <u>enter the name</u>	of the new	registe
Name of New Registered Agent:	BERTHA L. BURRUEZO, E.	SQ		
New Registered Office Address:	911 OUTER ROAD			_
	Enter	Florida street address		
	ORLANDO	, Florida <u>328</u>	14	
	City		Zip Code	

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.

Bertha Burraezo

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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>	Address	Type of Action
			□Add
			□Remove
		<u> </u>	□Change
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this locument's effective date on the	lock does n	ot meet the a	ipplicable s	corning or n	ore than 90 day	(optional) s after filing.) I ts. this date w	Pursuant to 605.03 ill not be listed
record specifies a delayed effect l is filed.	ve date, but	not an effect	tive time, a	t 12:01 a.m.	on the earlier	of: (b) The	90th day after th
August 10		2022					
ated August 10 Benda Bun	iezo		·				
	Signature o	f a member o	r authorized	representative	of a member		

Filing Fee: \$25.00