## 122000160784

(Re	questor's Name)	<del></del>
(Ad	dress)	
(1.0	u. 000,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000386430450

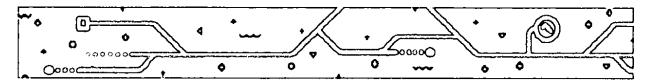
04/27/22--01016--003 \*\*25.00

PILED

2022 APR 27 AM 7: 43

FALLAHASSEE, FIRRIDA

JUN 2 0 2022 S. PRATHER



## zenbusiness

Apr 22, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: GetHireApp LLC

To Whom It May Concern:

Attached please find the executed **CERTIFICATE OF AMENDMENT**. for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR 27 AM 7: 40 TALLAHASSEE, FI ORID

GetHireApp LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on 04/04/2022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GetHiredApp 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 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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
		<del></del>	□Add
			Remove
		<del></del>	Change
		<del></del>	□Add
			□Remove
			□Change
			DAdd
		<del> </del>	
			□Remove
			□Change

<del> </del>		<del></del>
	· .	
<del> </del>		
		<del></del>
an effective date is listed, the date force: If the date inserted in this	the date of filing:	(optional) han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
seament serietive date on th		
record specifies a delayed effe Lis filed.	ctive date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
April 22	2022	20 TAL
ated April 22		-LA
KlElvidania	Echavarria Caperonis Signature of a member or authorized representative of a	2022 APR 27 SECTION TO THE PROPERTY OF THE PRO
	container la caperoriis	
75/00/10/00/10	Signature of a member or authorized representative of a	member member
Elvidania Echavarri		member R 27 AH ASSEEL FL

Filing Fee: \$25.00