Significant Department of State
Division of Corporations

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Division of Corporations

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Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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Corporate Filing Menu

Help

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To:

		COVER LETTER	i
TO: Registration So Division of Cou	ection rporations		
HIRED B	Y FEIZ LLC	ŧ,;	· 4
SUBJECT: '	Name of Lit	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th F	7	
	_	Address	-
	Glendale, CA 91203		
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For further information of	oncerning this matter, please	call:	
Cheyenne Moscley		800 773-0888	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	□ \$60.00 Fil

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIRED BY FEIZ LLC		
(Name of the Limited Lint (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.22000189110	Company were filed on 04/20/2022	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Versed LLC		
The new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
<u> </u>	. Florida 🗸	
	Cuy 77	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	7

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

To:	Page: 5 of 6	2023-06-08 06:10:07 PDT	LegelZoom.com, Inc.	From: Sylvia Paul

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 = M: AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			Remove
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Effective date	o if other than the date o	of filing:		(antional)	
(If an effective da	te is listed, the date must be spe	cific and cannot be prior to	date of filing or more tha	(optional) n 90 days after filing.) Pursuant t	o 605.0207 (3
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the record sp	pecifies a delayed effection day after the record is	ctive date, but not filed.	an effective time,	at 12:01 a.m. on the e	arlier of:
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Dated	04/20	2023			
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	11-	ire of a member or author			
 -	Signati	ire of a member or author	ized representative of a m	ember	-

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Typed or printed name of signee

Filing Fee: \$25.00