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TALLAHASSEE, FL

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: <u>Eighteen</u> Name o	LOGDED RECTUITING	Solutions LLC
The ei	$\cdot \cdot$		
Please	se return all correspondence concerning this m	atter to the following:	
	Dou	uglas GARRETT MA	127.N
		Firm/Company	
	4141 C	ammons Dr. West \$4	114
		DESTIN FL 32541 City/State and Zip Code	
	garre E-mail add	Hmartin Ju @ yahoo i corress: (to be used for future annual report notification)	<u> </u>
For fu	further information concerning this matter, ple	ase call:	
Do.	Name of Person	Area Code Daytime Telephone S	Number
Enclo.	osed is a check for the following amount:		
Zs.		us Certified Copy Co (additional copy is enclosed) Co	ertificate of Status & ertified Copy
	<u>Mailing Address:</u> Registration Section	Street Address: Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eighteen LoadED RECAUTING Solutions 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 $\frac{6/8/22}{}$ and assigned Florida document number L 22000262109 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 "L.L.C." 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

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>	<u>Name</u>		<u>Address</u>	Type of Action
1GR	Douglas	GARRETT MAR	IN 4141 Comp Destin E	hans Or w. □Add
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*ffactis	e date, if other than the date of filing:
fan elfed <u>Note:</u> T	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
)ated _	8/4/23
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Douglas GARRETT MARTIN Typed or printed name of signee