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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RESOARSFUL HR CONSULTING LLC

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T. LEMIEUX

AUG 13 2022

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|---|--------------------------------------|--|---|--|--|
| | | FUL HR CONSULTING LLC | • | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The en | closed Articles of a | Amendment and fee(s) are subr | nitted for filling. | | |
| Please | return all correspon | ndence concerning this matter t | o the following: | | |
| | | Cheyenne Moseley | | | |
| | | | Name of Person | | |
| | Legalzoom.com, Inc. | | | | |
| | | | Firm/Company | | |
| | | 101 N Brand Blvd 1 th Fl | | | |
| | | | Address | a transport and a superport an | |
| | Glendale, CA 91203 | | | | |
| | | | City/State and Zip Code | | |
| | k_beirne@yahoo.com | | | | |
| | | E-mail address: (1 | o be used for future annual report notif | (nai)ner | |
| For fur | ther information c | oncerning this matter, please ca | di: | | |
| Cheye | nne Moseley | | 800 773-0888 at () | | |
| | Name o | : Person | Area Code Daytime | : Telephone Number | |
| Enclos | ed is a check for th | ne following amount: | | | |
| □ 5 2. | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | O \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LegalZoom com, Inc.

| RESOARSFUL HR CONSULTING LLC | | | |
|--|---|---------------------------|----------------------------|
| (Name of the Limited Liability Company a | s it now appears on our records.) hty Company) | | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000289415</u> | re filed on <u>06/27/2022</u> | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | company here: | | |
| SOAR HR Consulting, I.I.C | | | |
| SOAR HR Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be | Company," the designation "LLC" o | r the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office uddress 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 offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida strees utdress , Flor | enternt Sinva Corr of ATI | F ILED 2 AUG 12 AH 9: 2 |
| to a supplementation of the supplementation o | City | 35 | Zip Code |

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 morely 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

From: Danielle Gervasi

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 |

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| Title | <u>Name</u> | Address | Type of Action |
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| | Page: 6 of 6 | 2022-08-12 05:44:34 PDT | LegalZoom com, Inc. | From: Danielle Gervasi |
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| D. If ame | nding any other inform | nation, enter change(s) here: (Attach a | dditional sheets, if necessary.) | |
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| Note: | If the date inserted in this | he date of filling: must be specific and cannot be prior to date of filling block does not meet the applicable statutor Department of State's records. | (optional) ag or more than 90 days after filing.) Puri y filing requirements, this date will | suant to 605,0207 (3)(b) not be listed as the |
| If the rec (b) The | ord specifies a delay 90th day after the re | ed effective date, but not an effec ecord is filed. | tive time, at 12:01 a.m. on t | the earlier of: |
| Dated | August 11 | 2022 | | |
| | | Mary Katherine Signature of a member of authorized represent | Corum | philadelia - Tali |
| | Mary Katherine Coru | | | |

To:

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Typed or printed name of signee

Filing Fee: \$25.00