# L 22 000 363108

	(Requestor's Name)
	(Address)
	(Address)
_	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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FOR THE COME HOPE \*\*25,00

2022 SEP -1 PH 3: 34

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2022

CORPORATE ACCESS

SUBJECT: TALLENT SOLUTIONS, LLC

Ref. Number: L22000363108

We have received your document for TALLENT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000036625.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 222A00019695

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# **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## **COVER LETTER**

	egistration Section of Corp			
our more		SOLUTIONS, LLC		
SUBJECT		Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub		
Please retu	m all correspo	ndence concerning this matter	to the following:	
		IAN DONALDSON		
			Name of Person	
			Firm/Company	<b>2</b>
		7812 NW 70TH COURT		1022 SEP - 7
			Address	
		TAMARAC, FL 33321		(D) \
			City/State and Zip Code	— SEE,
		IANSDONALDSON@ICL	OUD.COM to be used for future annual report notification)	- EFE
For further	information co	oncerning this matter, please c		; w
IAN DON	ALDSON		954 804 1117 at ( )	<u> </u>
	Name o	f Person	Area Code Daytime Telephone Num	nber
Enclosed is	s a check for th	ne following amount:		
\$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
$\overline{R}$	Lailing Addres	Section	Street Address: Registration Section	
D	oivision of C	Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLENT SOLUTIONS, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	F5: 53
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000363108</u>	were filed on 08/15/2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Talent Solutions Internati	onal, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	7812 NW 70TH COURT	
(Principal office address MUST BE A STREET ADDRESS)	TAMARAC, FL 33321	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7812 NW 70TH COURT TAMARAC, FL 33321	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

City

Zip Code

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
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			Remove
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an effective date is liste lote: If the date insc	d, the date must be spec rted in this block doe	citic and cannot t es not meet the	e prior to date of applicable stati	filing of more ina	n 90 days after fili irements, this d	ing.) Pursuant to t ate will not be l	isted as
ocument's effective	date on the Departmo	ent of State's re	ecords.				
record specifies a de	layed effective date,	but not an effe	ctive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day a	fter the
l is filed.							
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Filing Fee: \$25.00

Typed or printed name of signee