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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062

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

| **Enter | the  | email  | address  | for | this  | busin | ess | entity | ŧο  | be   | used  | for  | future |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATEGIC TALENT PARTNERS LLC

| Certificate of Status | 0       |
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Help

T. LEMIEUX MAR 1 6 2023

Registration Section

From: Sylvia Paull

TO:

### **COVER LETTER**

| Div            | ision of Cor   | porations                                       |   |  |  |  |  |  |  |  |
|----------------|----------------|---|---|--|--|--|--|--|--|--|
| COLUMN ACTION  |                | STRATEGIC TALENT PARTNERS LLC                   |   |  |  |  |  |  |  |  |
| SUBJECT:       | •              |   | ited Liability Company  |  |  |  |  |  |  |  |
|                |                |   |   |  |  |  |  |  |  |  |
| The enclosed   | l Articles of  | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |  |  |  |  |  |
| Please return  | all correspo   | ondence concerning this matter                  | to the following:   |  |  |  |  |  |  |  |
|                |                | Cheyenne Moseley                                |   |  |  |  |  |  |  |  |
|                |                |   | Name of Person  |  |  |  |  |  |  |  |
|                |                | Legalzoom.com, Inc.                             |   |  |  |  |  |  |  |  |
|                |                |   | Firm Company  | <del></del>  |  |  |  |  |  |  |
|                |                | 101 S Brand Blvd 11th Fl                        |   |  |  |  |  |  |  |  |
|                |                |   | Address   |  |  |  |  |  |  |  |
|                |                | Glendale, CA 91203                              |   |  |  |  |  |  |  |  |
|                |                |   | City/State and Zip Code   | 4.4.   |  |  |  |  |  |  |
|                |                | alex.jobsman@gmail.com                          |   |  |  |  |  |  |  |  |
|                |                | Lemml address; ()                               | o be used for future annual report notif                            | ication)   |  |  |  |  |  |  |
| For further in | nformation c   | oncerning this matter, please ca                | dl:   |  |  |  |  |  |  |  |
| Cheyenne N     | toseley        |   | 800 773-0888<br>at ( )  |  |  |  |  |  |  |  |
|                | Name o         | f Person  | at ()<br>Aiva Code — Daytime  | Telephone Number   |  |  |  |  |  |  |
| Enclosed is a  | a check for th | he following amount:                            |   |  |  |  |  |  |  |  |
| □ \$25,90 P    | iting Fee      | □ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |  |  |  |  |  |  |
|                |                |   |   | rn a Dhiree  |  |  |  |  |  |  |

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

# STRATEGIC TALENT PARTNERS 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 09/22/2022 and assigned Florida document number 1.22000414382 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TreeTopsTalent, 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 addiess

#### 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.

CHY

If Changing Registered Agent, Signature of New Registered Agent

 Page: 5 of 6
 2023-03-16 08:32:21 PDT
 LegalZoom.com, Inc.
 From: Sylvia Pauli

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To:

| MGR = M<br>AMBR = A | lanager<br>uthorized Member |         |                     |
|---------------------|-----------------------------|---------|---------------------|
| <u>Title</u>        | Name                        | Address | Type of Action      |
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| ote:     | (optional) cerive date, if other than the date of filing: cerive date is listed, the date must be specific and cannot be prior to date of liling or more than 90 days after filing.) Pursuant to 605,026 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cent's effective date on the Department of State's records. |
|          | tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.   |
| ited     | 10/21 2022   |
|          | CA RIMA  |
|          | Signature of a member or authorized representative of a member   |
|          | Christine R. Imbrogno  |
|          |  |

Page 3 of 3

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