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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
SUBJECT:	ECRUITERS	R 05 LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		11				
	Sose	Ph Hararo Name of Person				
		Name of Person				
	MECRUIT	ERS R US LLC Firm/Company				
		Firm/Company				
	6330 N A	adreus Ave STE	346			
		Address	-, ,			
	Fort Laude	Fort Lauderdale, FL 33309 City/State and Zip Code				
		City/State and Zip Code				
		to be used for future annual report notific	ation)			
For further information c	oncerning this matter, please co	all:				
Joseph F	largero	at (281) 818 - 2 Area Code Daytime	ation) OF STATE CF STATE Gelephone Number			
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the						
¥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sect	ion			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Ta	llahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECRUITE						
(Name of the Limited	Liability Compar A Florida Limited L	y as it now appears iability Company)	s on our recor	<u>ds.</u>)		
The Articles of Organization for this Limited Lial Florida document number <u>L23020</u> 16	bility Company (were filed on	19/93		and ass	igned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited fiabi	lity company he	<u>re</u> :			
The new name must be distinguishable and contain the wor	1 68 (la 1 la 1 la			~~··		1.619
The new name must be distinguishable and contain the wor						
Enter new principal offices address, if applical	ble:	6330 N	Andrew	5 Avc	STE.	346
(Principal office address MUST BE A STREET	ADDRESS)	6330 H Fo-t La	uderdal	c,FL	3330	9
Enter new mailing address, if applicable:					~~~~	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			;	<u> </u>	<u> </u>
				<u></u>		
				:		COLUMN TES
B. If amending the registered agent and/or reg		ddress on our re	cords, <u>enter</u>	the name	<u>of the nev</u>	v registered
agent and/or the new registered office address	here:			Ļ	AM IO: 2	7 8 3
				<u>.</u>		Sec.
Name of New Registered Agent:					177E	
New Registered Office Address:	6350 N	Andrews Enter Flori	Ave	STE	346	
		Enter Flori	da street addre.	22.		
	fort Lave	lerdale City	, FI	lorida <u> </u>	5309	
		City	_		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 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 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	
MON - Manager	
AMBR = Authorized Member	
AMBIC Additionacd McInder	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			🗆 Add
			□Remove
			Change
			DAdd
			Romove
			Add 10: 20 ve
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) change current Authorized Person's address to 6330 N Andrews Ave STE 346, Fort Lauderdale, FL E. Effective date, if other than the date of filing: _ Effective date, if other than the date of filing: (optional)
(If an effective 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 (3)(b) (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00