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COVER LETTER

TO:	Registration S Division of Co			
	Progressiv	e Recruiting LLC		
SUBJE	CT:	Name of Lim	ted Liability Company	
The enc	closed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Dwayne T Walker		
			Name of Person	
		Progressive Recruiting LL	c	
			Firm/Company	
		45013 Amherst oaks drive		
			Address	
		Callahan FL. 32011		
		dwalker_1080@hotmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	ther information	concerning this matter, please concerning	all:	
Dwayn	e T Walker		904 200-1162	
	Name	of Person	at () Area Code Dayti	ime Telephone Number
Enclose	ed is a check for	the following amount:		
■ \$25	5.00 Filing Fec	☐ \$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)
	Mailing Addre	<u> </u>	Street Address:	
	Registration	Section	Registration S	
	Division of P.O. Box 63	Corporations 27	Division of C The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Progressive Recruiting 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 Liabi Florida document number		on March 02, 2023	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability compa	any here:	
Progressive Recruiting & Cleaning services LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company	"," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address h		our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	En	nter Florida street address	
_		, Florid	
	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	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Remove
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n effect ote: If	te date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of filing or more than f the date inserted in this block does not meet the applicable statutory filing requi nt's effective date on the Department of State's records.	
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the d.	earlier of: (b) The 90th day after the
tad		
	A J	
	0///	
	Signature of a member or authorized representative of a me	ember

Filing Fee: \$25.00