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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT: FAI	RECRUITA Name of Limi	IENT CONSULTS	NG, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EDYLIN FI	GUEROA Name of Person	
	FARO RECEL	KITMENT CONSUL Firm/Company	TING,LLC
	1455 10 SW	State ROAD-	-45
	ARCHER,	FL 32608 City/State and Zip Code	
	E-mail address: (t	UEROA YAHUC o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	d):	
EDYLIN FI	GUEROA	at (352) 575. Area Code Daytime	Tclephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FARO RECRUITMENT CONSULTING, LLC

(A Florida Limited	Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on 09.0	5,2023	and assign	ned
Florida document number 123000415074.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
FIGUEROA EMPLOYEE SER The new name must be distinguishable and contain the words "Limited Liabi	VICES LLC lity Company," the designation	"LLC" or the abb	reviation "L.L.C	3.17
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
		i'	024 AUS	
		;	<u> </u>	}
Enter new mailing address, if applicable:			<u> 22 </u>	
(Mailing address MAY BE A POST OFFICE BOX)		(2.7) (2.7)	[<u>î</u>
		inc		<u>)</u>
		L. :-!	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name	of the new r	<u>egistered</u>
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street	address		
		_, Florida		
	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
AMBR	WILFREDO FIGUEROA	14556 SW STATE RD-45 ARCHER, FL 32608	j\$\add
			□Remove
		<u></u>	□Change
	 		□Add
			□ Remove
			Change
			□Add
			□ Remove
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ecti	ve date, if other than the date of filing: (optional) service 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 605.020
i enc <u>te:</u>	for the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ume	ent's effective date on the Department of State's records.
	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
s fil	ea.
	OUGUST ISTH 2024
ed _	AUGUST 15", 2024.
	Signature 2
	- Cianina
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00