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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	114 Him 11C		
SUBJECT: Longs	ecty Hire, LLC	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Michael Ni	· Name of Person	
	Connect 4 Hire		
	3931 Benson	Po-k Blod Address	
	O-land, FL 32	829 City/State and Zip Code  G g mail-com to be used for future annual report notice	2014 NUG 30 PH 1: 23 SECRETARY OF STATE SECRETARY SEEE, FILE Leation:
	Malicastro 523	City/state and zip Code	72 PH
	E-mail address: (	to be used for future annual report noti:	ication)
For further information co	oncerning this matter, please co	alt:	23 77E
Michael Name o	Micestro Person	at ( <u>561</u> ) <u>358-9</u> Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
M. Henry Kalada e		Street Address:	
Mailing Address Registration	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	allahassee
Tallahassee.		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: COOO	ectyHire, LLC Name of Lim		
bonone - Contin	Name of Lim	ited Liability Company	
The analogad Artigles of	Amendment and fee(s) are sub	amittad for filing	
The enclosed Afficies of	Amendment and ree(s) are suo	mated for firing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael No	Name of Person	
	Connect+1Hir	E, LLC Firm/Company	
	3931 Benson	Pc-k Blvd Address	
	O-land, FL 32	City/State and Zip Code  3 © gmail.com to be used for future annual report notice	2024 AUG 30 PH 1:23 SECRETARY OF STATE FALL AND SEE: FT
	MN icasta 52	3 @ gmail.com to be used for future annual report notif	ication) PH :
For further information c	oncerning this matter, please c	all:	74 23
Michael Name o	Michigano f Person	at ( <u>SG 1</u> ) <u>3 S 8 - C</u> Area Code Daytime	
Enclosed is a check for the	he 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810
rananassee.	ه في بانسياد :	_ (15 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1 \ 1	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Connect Hire, LLC (Name of the Limited Liability Con				
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on 02	102/24	and assig	gned
Florida document number <u>L24000061587</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	iability company here:			
The new name must be distinguishable and contain the words "Limited L	nability Company," the design	ation "LLC" or the ab	breviation "L.L	.C."
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADDRESS	2			
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 here:	ice address on our recor			registered
Name of New Registered Agent:			77 23	
New Registered Office Address:	Enter Florida s	treet address	<del></del> -	
		, 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 Changing Registered Agent, Signature of New Registered Agent

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
MGRM	Samantha Nicastro	3931 Benson Perk Blud	ZAdd
		Orlando, FL 32829	□Remove
			□Change
			□Add
			Remove  SECONDARIAN  SECONDARIA
			SECRETARY OF STATE
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ffective date, if other than the date of filing:			(optional)		
an effective date is listed, the date must be specific and cannot be specifically and cannot be specific and canno	be prior to date of applicable statt	filing or more than 90 story filing requiren	days after tiling.) Purs nents, this date will i	not be li	05.020 sted a
ocument's effective date on the Department of State's re	ecords.				
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record specifies a delayed effective date, but not an effect dis filed.	ctive time, at 1.	2:01 a.m. on the ear	ter ot: (b) The 300	n day ar	tet inc
Dated August 14 20.  Signature of a member	24	_			
WILL W					
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Filing Fee: \$25.00