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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations TALENT BLUEPRINT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DOUGLAS A. PEEBLES, ESQ. Name of Person PEEBLES LAW FIRM, P.A. Firm/Company 1201 6TH AVENUE WEST, SUITE 505 Address **BRADENTON, FLORIDA 34205** City/State and Zip Code dap@plflawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DOUGLAS A. PEEBLES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$**25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALENT BLUEPRINT LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on FEBRUARY 19, 2024	and assigned
Florida document number L24000087339	<u></u> .	
his amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
BLUPACT CULTURE LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET AD	DRESS)	
		024
		<u>ක</u> "
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
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If amending the registered agent and/or registering and/or the new registered office address here		e of the new regist
	-	
Name of New Registered Agent:		
The state of the s		
New Registered Office Address:	B	
	Enter Florida street address	
<u></u>	, 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
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ctive date, if other	than the date o	of filing:			4	(lenoitgo	•	
offective date is listed, t If the date inserted mem's effective date	the date must be spe d in this block do	cific and cannot be as not meet the	e prior to date o applicable stat	f filing or mo	re than 90 day	s after filing.)!		
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Typed or printed name of signee