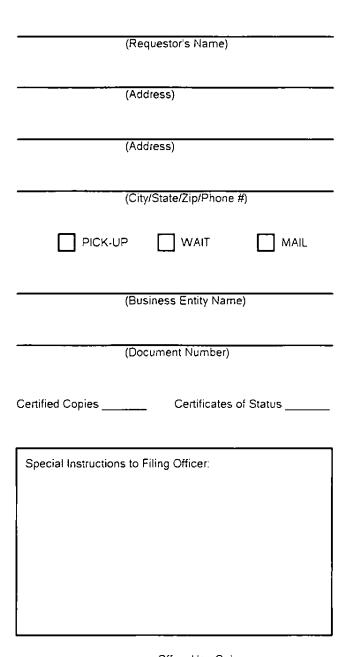
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Legal Talont Sountions, LLC 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:
Ariah Harris - Small Name of Person
101 N.E. 3rd Aw Suite 1500
Fort audordale, FL 33301 City/State and Zip Code Logal + alon + Solu-lion SFL Damil. (on
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Alci Marie of Person Area Code Daytime Telephone Number
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 (additional copy is enclosed) \$60.00 Filing Fee, 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 OF

Legal Talent 5	untions, LLC	?
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	2024
The Articles of Organization for this Limited Liability Company Florida document number <u>L247001219</u> 1	were filed on 3034	and assigned
This amendment is submitted to amend the following:		<u> </u>
A. If amending name, enter the new name of the limited liab	oility company here:	1.
Legaltalent Solut	ions, llc	
The new name must be distinguishable and contain the words "Limited Liabi	Λ 1	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	101 NE 3rd Ave	
(Principal office address MUST BE A STREET ADDRESS)	Firt Landontale 18	(33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DINE 3rd Aug Suite 1500 Fort Caudordale	H 33301
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:	ic ard Am Silla	ISDO
New Registered Office Address:	Enter Florida street address	1,)00
Fort laur	llerchale, Florida	33301
	Citv	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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			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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cord s	specifies a delaye	ed effective date	, but not ar	n effective ti	me, at 12:01	a.m. on the ear	lier of: (b) 1	he 90th day afte	er the
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		Signa	ure of a me	mber of autho	orized represen	tative of a mem	ber		
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