L24000338440

(Requestor's Name)	
(Address)	
(Address)	
	= .
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECTION STATE



COVER LETTER

	Registration So Division of Co					
eub iec		CRUITING LLC				
SUBJEC	.I:	Name of Lim	ited Liability Company	 		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Joseph Brown				
			Name of Person			
			Firm/Company	_ 		
		8409 LAUREL FAIR CIR	SUITE 100 Address			
		TAMPA, FL 33610				
City/State and Zip Code BLITTLE@RTDGROUP.ORG						
For furth	er information o	e-mail address: (concerning this matter, please c	to be used for future annual report notifies	ition)		
JOSEPH	I BROWN	•	215 200-8547			
	Name o	of Person	Area Code Daytime T	elephone Number		
Enclosed	is a check for t	he following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy, (additional copy is enclosed)		
	Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on SSEE FL 2: 12 Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HDOT RECRUITING LLC

(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L24000338440		vere filed on	1	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office ad	dress on our records,	enter the name of	the new registered
		TAID CUD CLUTTE 140		
New Registered Office Address:	8409 LAUREL F	AIR CIR SUITE 100 Enter Florida street	address	
	ТАМРА		, Florida	2624
N N		City		ip Cbar
New Registered Agent's Signature, if changing I hereby accept the appointment as register- provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree per and complete p istered agent as pr registered office a	erformance of my dui ovided for in Chapter	ies, and I am fājījī 605, F.S. Or, LLL	liar ₩ith and- ùs di⊋ument is

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>	<u>Address</u>	Type of Action
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	Signature of a m	ember or authori	zed representativ	ve of a member				
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Brittany Little						TO THE	$\ddot{\sim}$	12.2

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