DOC ID ----> 201022900649

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/18/2010	201022900649	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

REBECCA BRUNSWICK
75 PUBLIC SQUARE #310
CLEVELAND, OH 44113

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1390544

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HIREPRO, L.L.C.

and, that said business records show the filing and recording of:

Document(s):
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201022900649

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of August, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201022900649

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
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◉ Expedite	PO Box 1390 Columbus, OH 43216
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www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee $50.00

2010 AUG 16 AM 8:41

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Domestic Limited Liability Company
☑ Amendment (129-LAM)	☐ Restatement (142-LRA)
May 27, 2003 Date of Formation	Date of Formation

The undersigned authorized representative of:

REBECCA BRUNSWICK, L.L.C. — Name of limited liability company

1390544 — Registration number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

HirePro, L.L.C.

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: _____ Period of Existence

Purpose

EMPLOYMENT STAFFING

☐ **Check here if additional provisions are attached**

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REQUIRED
Must be **(signed)** by a member, manager or other representative.



Signature

8/13/2010
Date

Rebecca Brunswick
Print Name

Signature

Date

Print Name

Signature

Date

Print Name