



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/03/2014	201424501382	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	0.00	0.00	0.00

Receipt

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

RANALLO & AVENI LLC
ROBERT A. RANALLO
6685 BETA DRIVE
CLEVELAND, OH 44143

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2235717

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

LIBERTY LABOR, LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Effective Date: 09/02/2014

Document No(s):

201424501382



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
3rd day of September, A.D. 2014.

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

2014 SEP -2 AM 10:26

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

10/3/2013
Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

PeopleSource LLC

Name of limited liability company

2235717

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:

Liberty Labor, LLC

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

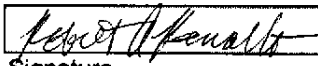
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Robert A. Ranallo, Authorized Agent
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 590 Prescribed by:

JON HUSTED
 Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussserv@OhioSecretaryofState.gov

2014 SEP -2 AM 10: 26

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to
change business name where a name conflict will occur.)

 Name of Entity/Individual Giving Consent **Liberty Labor, LLC**

 Charter/Registration/License Number of Entity giving Consent **231497**

 Gives it Consent To **PeopleSource LLC**

 To Use The Name **Liberty Labor, LLC**

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Consent form must be signed by an authorized representative of the consenting entity.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Robert A. Ranallo, Authorized Agent

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name