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SERRETARY OF STATE

T. CLINE
FEB - 1 2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations							
SURJECT:								
SUBJECT: MEDPRO Staffing Solutions LLC Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.						
Please return all corresp	ondence concerning this matte	er to the following:						
		Danny Rosenblum						
		Name of Person						
	•							
•								
	7 2							
For further information of	concerning this matter, please	to be used for future annual reporcall:	ŕ	SEGRETAR SALLAHASS				
Dan	ny Rosenblum	at (407)	520-7680	NO.				
***	of Person		aytime Telephone Number					
Enclosed is a check for t	he following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified C	g Fee, of Status &				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NG SOLUTION			_	
	(A Florida Limite	pany as it now appear d Liability Company)				
The Articles of Organization for this Limited	any were filed on	8/27/10	an	_ and assigned		
Florida document numberL100000	,			·		
This amendment is submitted to amend the fo	ollowing:					
A. If amending name, enter the new name	of the limited li	ability company here	:			
MPF	RO STAFFING	SOLUTIONS LL	C			
The new name must be distinguishable and end v "L.L.C."	with the words "Li	imited Liability Compar	ny," the designation "I	.LC" or	the abb	reviation
Enter new principal offices address, if appl	N/A					
(Principal office address MUST BE A STRE	ET ADDRESS)	·				
Enter new mailing address, if applicable:	N/A		≥ ′∽	20		
(Mailing address MAY BE A POST OFFICE			i (-) 3>- 31:_	<u> </u>	*iat/	
				五二	-	To all 2 Residen
				SS SS SS	C-3	g.
B. If amending the registered agent and			ır records, <u>enter t</u> l		iezof t	he înëv
registered agent and/or the new registered (<u>office address he</u>	ere:		- (2)	3	7.00
				2-2-	~	
Name of New Registered Agent:	N/A			Total Land	9	
New Registered Office Address:	N/A					
- 		Ente	r Florida street addr	ess		
			, Florida			
	City	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Address** Type of Action Title Name N/A ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A January 28th 2011 Dated ___ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Danny Rosenblum

Filing Fee: \$25.00