

L13 000094793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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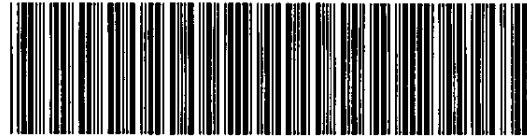
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

13 NOV 06 2013

*Michael*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANCE NURSING Concepts  
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:

KRISTI ANDERSON  
Name of Person

Firm/Company

1249 Essex Drive  
Address

St Petersburg FL 33710  
City/State and Zip Code

~~Kristi Anderson~~ KRISTI.ANDERSON@omnicare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTI ANDERSON at ( 813 ) 362-6512  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Anderson Advance Nursing Practice LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/27/13 and assigned Florida document number 21300094793

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Advance Nursing Concepts LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

KRISTI ANDERSON  
1249 Essex Dr.  
St Petersburg FL 33710

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

KRISTI ANDERSON  
1249 Essex Dr.  
St Petersburg FL 33710

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

KRISTI ANDERSON  
1249 Essex Dr.  
St Petersburg FL 33710  
City, State, and 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.

Kristi Anderson  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Name & address change only

Dated 11/3, 2013.

K Anderson

Signature of a member or authorized representative of a member

KRISTI ANDERSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA