# 121000/56224

| (F                     | Requestor's Name)       |        |
|------------------------|-------------------------|--------|
|                        | address)                |        |
| (/                     | (ddress)                |        |
| (0                     | City/State/Zip/Phone #) |        |
| PICK-UP                | ☐ WAIT                  | MAIL   |
| (E                     | Business Entity Name)   |        |
| (0.                    | Document Number)        |        |
| Certified Copies       | Certificates of         | Status |
| Special Instructions t | o Filing Officer:       |        |
|                        |                         |        |
|                        |                         |        |
|                        |                         |        |

Office Use Only



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2021 APR 20 PH 2: 4
SECRETARY OF STAT

O SIMMONS APR 21 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

|          |          | ACCO                     | JNT NO.   | :   | I20000001     | 95      |
|----------|----------|--------------------------|-----------|-----|---------------|---------|
|          |          | REI                      | FERENCE   | :   | 770937        | 5152828 |
|          |          | AUTHOR!                  | ZATION    |     |               |         |
|          |          | cost                     | r LIMIT   | 物人  | 11 25 .00 M   |         |
| ORDER    | DATE :   | April 20,                | 2021      |     | ζ. <b>ν</b> - | **      |
|          |          | 11:06 AM                 |           |     |               |         |
| ORDER    | NO. :    | 770937-015               | 5         |     |               |         |
| CUSTOM   | ER NO:   | 5152828                  | 3         |     |               |         |
| <b></b>  | <b></b>  |                          |           |     | <b></b>       |         |
|          |          | DOME                     | ESTIC AME | NDM | HENT FILING   |         |
|          |          |                          |           |     |               |         |
|          | NAME:    | NURSING                  | PLUS, LI  | LC  |               |         |
|          |          |                          |           |     |               |         |
|          | EFFECTIV | E DATE:                  |           |     |               |         |
|          |          | OF AMENDM<br>ARTICLES    |           | POR | MOITA         |         |
| PLEASE   | RETURN   | THE FOLLOW               | ING AS PE | ROC | F OF FILIN    | G:      |
|          | _        | TED COPY                 |           |     |               |         |
| <u> </u> |          | STAMPED CO<br>ICATE OF C |           | OIN | 'G            |         |
|          |          |                          |           |     |               |         |

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

#### **COVER LETTER**

TO: Registration Section

| Division of Co                       | rporations                                |  |  |
|--------------------------------------|---|--|--|
| SUBJECT: Nurs                        | sing Plus, LLC                            |  |  |
| <u></u>                              |   | nited Liability Company  |  |
|                                      |   |  |  |
| The enclosed Articles of             | Amendment and fee(s) are sub              | omitted for filing.  |  |
| Please return all corresp            | ondence concerning this matter            | to the following:  |  |
|                                      | Shannon L.                                | Drake  |  |
|                                      |   | Name of Person   |  |
|                                      | Aveanna He                                | ealthcare LLC  |  |
|                                      |   | Firm/Company   |  |
|                                      | 400 Interstat                             | e N. Parkway, Suite 1600   |  |
|                                      |   | Address  | •  |
|                                      | Atlanta, Geor                             | rgia 30339   |  |
|                                      |   | City/State and Zip Code  |  |
|                                      |   | ke@Aveanna.com   |  |
|                                      |   | to be used for future annual report no                           | tification)  |
| For further information of           | concerning this matter, please c          | all:   |  |
| Ronald W. Eis                        | senman                                    | at ( 404 ) 307-581   | 6  |
| Name o                               | of Person                                 | \ <u></u>  | me Telephone Number  |
| Enclosed is a check for t            | he following amount:                      |  |  |
| □ \$25.00 Filing Fee                 | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <u>Mailing Addre</u><br>Registration |   | Street Address:<br>Registration Se                               | ection   |
| Division of C                        |   | Division of Co   |  |
| P.O. Box 632                         |   | The Centre of  |  |
| Tallahassee,                         | FL 32314                                  | 2415 N. Monro  | oe Street, Suite 810   |

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2821 622 20 Auto on

| Nursing Plus, LLC   | ,  | EUZT APR Z(                             | D - AM 10: 35                           |                     |
|---|--|---|---|---------------------|
| (Name of the Limited  | Liability Company as it<br>Florida Limited Liability | now appears on our re<br>Company)       | cords.)                                 | <del></del>         |
| The Articles of Organization for this Limited Liab Florida document numberL21000156224              | ility Company were f                                 | iled on Apr                             | il 9, 2021                              | _ and assigned      |
| This amendment is submitted to amend the follow   | ing:   |   |   |                     |
| A. If amending name, enter the new name of the  | ne limited liability co                              | mpany here:                             |   |                     |
| The new name must be distinguishable and contain the word   | ls "Limited Liability Com                            | pany," the designation "                | LLC" or the abbr                        | eviation "L.L.C."   |
| Enter new principal offices address, if applicab  |  | 00 Interstate N. I                      |   |                     |
| (Principal office address MUST BE A STREET  | ADDRESS) A   | tlanta, Georgia 3                       | 80339                                   |                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO                 |  | 00 Interstate N. F<br>lanta, Georgia 30 | • | te 1600             |
| B. If amending the registered agent and/or regi<br>agent and/or the new registered office address h |  | s on our records, <u>en</u>             | iter the name                           | of the new register |
| Name of New Registered Agent:   | Corpora  | ion Service Com                         | npany                                   |                     |
| New Registered Office Address:  | 1201 H   | ays Street                              |   |                     |
|   |  | Enter Florida street aa                 | ldress                                  |                     |
| _   | Tallahassee  |   | , Florida                               | 32301               |
|   | Cii  | ι'                                      |   | Zin 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>    | Name               | 2021 APR 20 - AH 10: 35<br><u>Address</u> | Type of Action   |
|-----------------|--------------------|---|------------------|
| Manager         | Rodney D. Windley  | 400 Interstate N. Parkway, Suite 1600     | ( <b>X</b> Add   |
|                 |                    | Atlanta, Georgia 30339                    | □Remove          |
|                 |                    |   | □Change          |
| Manager         | H. Anthony Strange | 400 Interstate N. Parkway, Suite 1600     | i <b>X</b> ∙Add  |
|                 |                    | Atlanta, Georgia 30339                    | □Remove          |
|                 |                    |   | □Change          |
| Manager         | Timothy T. Beach   | 8010 25th Court East, Unit 103            | 🗆 Add            |
|                 |                    | Sarasota, Florida 34243                   | <b>X</b> IRemove |
|                 |                    |   | □Change          |
| <u>Manag</u> er | Stuart Christensen | 8010 25th Court East, Unit 103            | □Add             |
|                 |                    | Sarasota, Florida 34243                   | <b>∑</b> Remove  |
|                 |                    |   | Change           |
| Manager         | Cassandra Bell     | 8010 25th Court East, Unit 103            | □Add             |
|                 |                    | Sarasota, Florida 34243                   | XIRemove         |
|                 |                    |   | □Change          |
| <u>Manag</u> er | Ryan Shultz        | 8010 25th Court East, Unit 103            | □Add             |
|                 |                    | Sarasota, Florida 34243                   | <b>X</b> ∏Remove |
|                 |                    |   | □Change          |

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

## 2021 APR 20 AM 10: 35

| <u>Title</u> | <u>Name</u> | Address                        | Type of Action  |
|--------------|-------------|--------------------------------|-----------------|
| Manager      | Kurt Lang   | 8010 25th Court East, Unit 103 | □Add            |
|              |             | Sarasota, Florida 34243        | <b>⊠</b> Remove |
|              |             |                                | □Change         |
|              |             |                                | 🗀 Add           |
|              |             |                                | □Remove         |
|              |             |                                | □Change         |
|              | <del></del> |                                | 🗆 Add           |
|              |             |                                | □Remove         |
|              |             |                                | □Change         |
|              |             |                                | □Add            |
|              |             |                                | □Remove         |
|              |             |                                | □Change         |
|              | <u></u>     |                                | □Add            |
|              |             |                                | ⊡Remove         |
|              |             |                                | □Change         |
|              |             |                                | 🗆 Add           |
|              |             |                                | □Remove         |
|              |             |                                | □ Change        |

| Effective date, if other than the date of filing:  |   | 2021 620 20  |
|--|---|--|
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the pord is filed.  Dated                                    |   | 35 All 10: 35  |
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| Dated April 16   | (If an effective date is I Note: If the date is | listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (Inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| /s/ Rodney D. Windley  |   | delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
|  | Dated   | April 16   |
|  |   | /s/ Rodney D. Windley  |
|  |   |  |
|  |   | Rodney D. Windley  Typed or printed name of signee   |

Filing Fee: \$25.00