L21000330163

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COVER LETTER

TO: Registration Section

Division of Corporations

Cassa Revi	ew, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cathy Clark		
		Name of Person	
	Cassa Review, LLC		
		Firm/Company	
	225 Primera Blvd		, s
		Address	• •
	Lake Mary, FL 32746		
		City/State and Zip Code	
	perfectfit7000@yahoo.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
Cathy Clark		407 7560717 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cassa Review, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000330163</u>	were filed on <u>07/20/2021</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
verything For Nursing, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	255 Primera Blvd	
Principal office address MUST BE A STREET ADDRESS)	Lake Mary, FL 32746	
nter new mailing address, if applicable:	255 Primera Blvd	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	7.1
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			🗀 Change
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			Change
			□ Remove
			□Change
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fective date, if other than the defective date is listed, the detection of the date inserted in the date.	in the date of filing: ate must be specific and canno	/2023 It be prior to date of for applicable status	filing or more than 90 d tory filing requireme	_ (optional) lays after filing.) Purs ents, this date will r	uant to 605,020 not be listed a
ocument's effective date on	the Department of State's	records.			
ecord specifies a delayed el is filed.	ffective date, but not an eff	fective time, at 12:	:01 a.m. on the earlie	er of: (b) The 90th	h day after th
	202	B)		
January 8 ited) Of			