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of 3/18/2022

COVER LETTER

	egistration Se vision of Cor			
SHOUSET	=	az, RN LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		Brittany A. Diaz		
			Name of Person	
		Brittany Diaz, RN LLC		
			Firm/Company	
		176 Roycourt Circle		
			Address	
		Royal Palm Beach, FL 33-	411	
			City/State and Zip Code	
		Brittany.Diaz4@yahoo.com		<u> </u>
			to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
Brittany A.	Diaz		561 312-3476 at ()	
	Name o	f Person	at () Area Code Daytime Telepho	ne Number
Enclosed is	a check for th	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)
	ailing Addres		Street Address: Registration Section	
Di	ivision of C	orporations	Division of Corporation	
	O. Box 632 illahassee, l		The Centre of Tallahas 2415 N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Brittany Diaz, RN LLC

2022 MAR -9 AM 8: 57

(A	1 Liability Company as it now appears on our records) - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	STATE
	A Florida Limited Liability Company) A Florida Limited Liability Company) TALLATASSE	Ĕ, FL
The Articles of Organization for this Limited Liab Florida document number 1.21000416693	bility Company were filed on September 21, 2021 and a	ssigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	the limited liability company here:	
Brittany Diaz, LLC		
The new name must be distinguishable and contain the work	rds "Limited Liability Company," the designation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicab	ble:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
		ew registere
agent and/or the new registered office address Name of New Registered Agent:	*·	ew registere
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address , Florida	
agent and/or the new registered office address Name of New Registered Agent:	Enter Florida street address	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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February 23		2022			
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· _	F James	م دور (المحدد	/		
	Signature of a	nember or author	orized representative	e of a member	

Filing Fee: \$25.00