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4202 & 0 YAM T. LEMIEUX *

13053284774

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A:	[]
DANIBELLA STAFFING LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
`	A Florida Diffices Glability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 01/05/2022	and assigned
Florida document number L22000013917		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	lj.
DIVERSUS HEALTHCARE STAFFING LLC		<u>}</u> }
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applica	hla	
(Principal office address MUST BE A STREET	······································	
Tracqua office maness most be A STREET	Allokessy	
		<u> </u>
Enter new mailing address, if applicable:		
3		
(Mailing address MAY BE A POST OFFICE E		
B. If amending the registered agent and/or re	gistered office address on our records, enter the	 name of the new registere
agent and/or the new registered office address		~
		154
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
res registed office gadies.	Enter Florida street address	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	
	agent and agree to act in this capacity. I furthe	
provisions of all statutes relative to the prope	r and complete performance of my duties, and I	am familiar with and
	tered agent as provided for in Chapter 605, F.S. egistered office address, I hereby confirm that th	
company has been notified in writing of this c		
		i I
	If Changing Registered Agent, Signature of Ne	v Registered Agent

To:

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 = N AMBR = A	Janager Authorized Member			
<u>Title</u>	Name	Address	Type of Action	
			□Add	
		***************************************	□Remove	
			☐ Change	
			DAdd	
			□Remove	
			☐ Change	
			I □Add	
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			□ Change	
			□Add	
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			□Remove	
			☐ Change	
			□Remove	

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From: Yar

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