116000003311

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COVER LETTER

TO: Amendment Section Division of Corporations

Black Nurses Rock-Bradenton/Sarasota, Florida NAME OF CORPORATION:
N16000003211
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shakeya Lovett
(Name of Contact Person)
Black Nurses Rock-Bradenton/Sarasota, Florida
(Firm/ Company)
7228 53rd Pl. E.
(Address)
Palmetto, Fl. 34221
(City/ State and Zip Code)
bradentonbnr@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shakeya Lovett 9414487349
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$60.00 Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 2011 SEP 26 PE

Black Nurses Rock-Bradenton/Sarasota, Florida

Diack (varses frock-Diadeliton) Salasota, i fortua		to Ph.
(Name of Corporation as cur	rrently filed with the Flori	da Dept. of State (Fig. 4.4
N16000003211		TAMASSIC, ASSIST
(Document N	umber of Corporation (if kn	iown)
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
NA		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated	
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA .	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
N/A	TE STUDIES	
Name of New Registered Agent:		
New Registered Office Address:	(PR	vida street address)
NA		Florido
-	(City)	Florida (Zip Code)
Naw Degistered Agent's Signature if shamping Degister	arad Agant:	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as		the obligations of the position.
	·	· · · · · ·
	Signature of New Registe	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	T Patricia Houston	5904 100th Ave. E.
Add		Parrish, Fl. 34219-2720
X Remove		
2) Change	T Anquanesha Rutledge	2609 24th St.
Add Add		Sarasota, Fl. 34234
Remove 3) Change Add	Assolut Ti Kathryn Honor	1727 31st Av. E. Bradenton #7.34205
X Remove	arup lout	
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove	Done 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
NA				
	7 <u>*-</u>			
				

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	, if other than the
more than 90 days after amendment file date)	
of meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
HECK ONE)	
the members and the number of votes cast for the amendment(s)	
ed to vote on the amendment(s). The amendment(s) was/were	
D	
ce chairman of the board, president or other officer-if directors 1. by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	
	of meet the applicable statutory filing requirements, this date will not of State's records. HECK ONE) the members and the number of votes cast for the amendment(s) ed to vote on the amendment(s). The amendment(s) was/were ce chairman of the board, president or other officer-if directors (a. by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary) (Typed or printed name of person signing)