

LO2000025250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

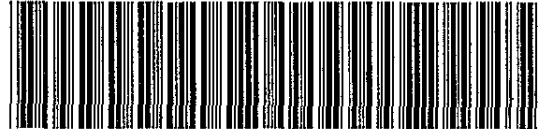
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200046439282

02/22/05--01015--002 **25.00

LO2/25/05

FILED
2005 FEB 21 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

38

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWLEY AND ASSOCIATES LEGAL NURSE CONSULTANTS LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORINDA CROWLEY

(Name of Person)

CROWLEY AND ASSOCIATES LEGAL NURSE CONSULTANTS LLC
(Firm/Company)

6315 PRESIDENTIAL CT SUITE D
(Address)

M FORT MYERS FL 33919
(City/State and Zip Code)

FILED
2005 FEB 21 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LORINDA CROWLEY

(Name of Person)

at (239) 433-1909

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CROWLEY AND ASSOCIATES LEGAL NURSE CONSULTANTS LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9-26-02 and assigned
document number L02000025250.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:


NAME CHANGE TO

CROWLEY AND ASSOCIATES CONSULTING L

2005 FEB 21 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated FEBRUARY 14 2005



Signature of a member or authorized representative of a member

LORIDA CROWLEY

Typed or printed name of signer

Filing Fee: \$25.00