

L05000022672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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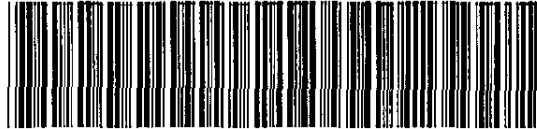
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LPN 2 RN Staffing 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:

Gloria N Felder

(Name of Person)

LPN 2 RN Staffing LLC

(Firm/Company)

9173 Hipps Road

(Address)

Jacksonville FL 32222

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria N. Felder

(Name of Person)

at 904, 226-4131

(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

SECRET  
TALLAHASSEE, FLORIDA

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

LPN 2 RN Staffing LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on March 7, 2005 and assigned document number LO50000221672.

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

I would like the name of the LLC to be changed to  
Circle Of Care LLC  
I would like to add Vivian D Bradley as a general partner  
Vivian D Bradley should have the title of MGR  
Vivian D Bradley SSN is  
I would like the mailing address changed to  
P.O. Box 382026  
Jacksonville FL 32238-2026

Dated June 27, 2005.



Signature of a member or authorized representative of a member

Gloria N. Felder

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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