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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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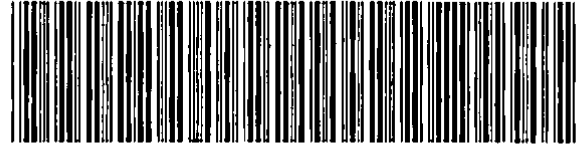
(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legal Nurse Consulting Solutions, 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:

Rose Marie Harvey

Name of Person

Legal Nurse Consulting Solutions LLC

Firm/Company

3249 W. Cypress Street, Suite B

Address

Tampa, Florida 33607-5153

City/State and Zip Code

pharvey10@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose Marie Harvey                      727                      286-7171  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Legal Nurse Consulting Solutions, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/19/2005 and assigned  
Florida document number L05000070561.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Harvey Legal Nurse Consulting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

2685 Scobee Drive

Palm Harbor, Florida 34683

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2685 Scobee Drive

Palm Harbor, Florida 34683

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Rose Marie Harvey

New Registered Office Address:

2685 Scobee Drive

*Enter Florida street address*

Palm Harbor

Florida 34683

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Rose Marie Harvey  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Harvey	2685 Scobee Drive, Palm Harbor, Florida 34683	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

Typed or printed name of signee