

LO5000094428

00789-00011-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

LO5-94428

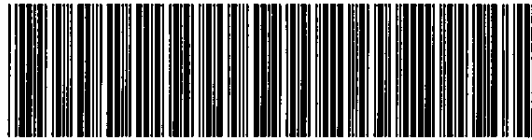
(Document Number)

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DIVISION OF CORPORATION  
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*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA NURSING SERVICES, 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:

BARRINGTON COOMBS, CPA  
(Name of Person)

BARRINGTON C. COOMBS & ASSOCIATES, P.A.  
250 N. STATE ROAD 7  
SUITE 404  
LAUDERDALE LAKES, FL 33309  
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

COURTNEY G. KEISE at ( 954 ) 723-7890  
(Name of Person) (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)

**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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2006

BARRINGTON COOMBS, CPA  
1500 N. STATE ROAD 7, SUITE 464  
LAUDERDALE LAKES, FL 33319

SUBJECT: ALPHA NURSING SERVICES, LLC  
Ref. Number: L05000094428

We have received your document for ALPHA NURSING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 206A00067917

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALPHA NURSING SERVICES, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/26/2005 and assigned  
document number LR5000094428.

SECOND: This amendment is submitted to amend the following:

DELETE: REGISTERED AGENT

COURTNEY G. KEISE

ADD: REGISTERED AGENT

MARSHA DIXON-ROJAS \*

10650 NW 17 Place, Plantation, FL 33322

DELETE: MANAGER

JOAN NORVILLE

Dated November 16, 2006

  
\_\_\_\_\_  
Signature of member or authorized representative of a member

HARRINGTON COMBS, CPA  
\_\_\_\_\_  
Typed or printed name of signer

\* I am familiar with and  
accept the duties and  
responsibilities of the  
Registered Agent.

Filing Fee: \$25.00

Marsha Dixon-Rojas  
Marsha Dixon-Rojas

T-d

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