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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONSIGHT NURSING, 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:

Richard J. Ford
(Name of Person)

ONSITE NURSING, LLC
(Firm/Company)

14255 US HIGHWAY 1, SUITE 215
(Address)

JUNO BEACH, FLORIDA 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD J. FORD at (561) 262-4683
(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

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

ONSIGHT NURSING, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on NOVEMBER 03, 2005 and assigned document number L05000107819.

SECOND: This amendment is submitted to amend the following:

We wish to amend the name to - ONSITE NURSING, LLC

Dated NOVEMBER 23, 2005.



Signature of a member or authorized representative of a member

Richard J. Ford

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 30 PM 1:15

APPROVED
AND
FILED

Filing Fee: \$25.00