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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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EXAMINER



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COVER LETTER

TO: Registration Division of C	n Section Corporations		13 13 15 15 15 15 15 15 15 15 15 15 15 15 15			
SUBJECT:	Voyage	e Staffing, LLC				
		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	spondence concerning this matte	r to the following:				
		Beth Curley				
Name of Person						
	Voyage Staffing, LLC					
	Firm/Company					
	1525 International Parkway, Suite 1011					
	Address					
	Heathrow, Florida 32746					
	City/State and Zip Code					
	bcu	rley@voyagehealth.com				
	and the second s	to be used for future annual report notifi	cation)			
For further informatio	on concerning this matter, please of	call:	•			
Beth Curley		at (_ 800)	798-6035			
Nair	e of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	or the following amount:					
№ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer (Containment)	n ations nter Circle			
		ready at the Made of 1990.				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	Voyage Sta	affing, LLC		<i>σ</i>	
(<u>Name of the Limite</u> (.	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	74	
The Articles of Organization for this Limited I	Liability Company	were filed on	03/29/2006	and assigned	
Florida document numberL0600003	3242				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :		
	N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if appli	1525 International Parkway, Suite 1011				
(Principal office address MUST BE A STRE	Heathrow, Florida 32746				
Enter new mailing address, if applicable:	1525 International Parkway, Suite 1011				
(Mailing address MAY BE A POST OFFICE	Heathrow, Florida 32746				
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	No Change				
New Registered Office Address:	No Change	·			
		Enter Florida street address			
	N	o Change	, Florida	No Change	
		Citv	 -	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 the 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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action CEO Noal Curley 1525 International Parkway, ste 1011 🗹 Add Heathrow Florida, 32746 Remove CEO Noal Curley 1485 International Parkway, Ste 2031 ☐ Add Heathrow Florida 32746 ✓ Remove * Just address ☐ Add Remove ∏ Add 🔲 Remove □Add Remove $\square \wedge dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00