L0600039285

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Name	·)		
(Document Number)				
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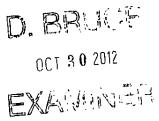


700240797447
FILING CANCELLED
RETURNED CHECK

10/29/12--01005--016 **25.00

12 OCT 29 PH I2: 41
SECRETARY OF STATE
TALLAHASSEL FLORIDA

APPROYEL



COVER LETTER

TO: Registration Se Division of Cou		,			
SUBJECT:	urse Consulti Name of Limi	ng 3 Marketing (ted Elab Hity Company	<u>ansortium</u>	uc	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
Yolen	Westo Volen E-mail address: (concerning this matter, please of Person	Firm/Company + Tropez Cir. # Address n, FL 33326 City/State and Zip Code ne 10 Fton all. C to be used for future annual report notifications.	795		APPROVED

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**

FILING CANCELLED RETURNED CHECK

Nurse Consulting &	Marketing Consortium LC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LOW 20039285</u> .	were filed on 04/17/06 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	1311 St. Tropez Cir		
(Principal office address MUST BE A STREET ADDRESS)	1)ni+#1602' 1)eston FL 33326 = 2		
Enter new mailing address, if applicable:	CT 29 AHASSI		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	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 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 = Mar MGRM = M	nager Ianaging Member		CANCELLED ED CHECK		
<u>Title</u>	<u>Name</u>	Address	Type of Action		
Mgi	James W. Lofton	1311 St. Tropez Cir Unit 1602 Weston FL 33326	Add Remove		
Mgr	Yolene T. Lofton	1311 St Tropez Cir Unit 1602 Weston, FL 33326	Add Remove		
Sec.	Yolene T. Lofton	(same as above)	Add Remove		
Sec.	Jani Thelusma	1311 St Trapez Cir# 1602 Weston FC 33326	Add Complete Move		
			Add Remove 		
			Add Remove		
	October 26 20	(s) here: (Attach additional sheets, if necessary.)	APPROVEL AND FILED 12 OCT 29 PH 12: 41 SECRETARY OF STALL TALLAHASSEE, FLORID,		
	Signature of a member of Volene	or authorized representative of a member			
	Typed o	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00