

LD6000011129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

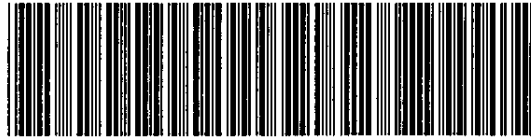
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: RIGHT ACCORD HEALTH STAFFING 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:

ROSEMARIE TAMUNDAY

(Name of Person)

RIGHT ACCORD HEALTH STAFFING LLC

(Firm/Company)

7531 CONSERVATION CT

(Address)

SARASOTA, FL 34241

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

ROSEMARIE TAMUNDAY

(Name of Person)

at ( 941 ) 927-1078

(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**

**RIGHT ACCORD HEALTH STAFFING LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on NOVEMBER 16, 2006 and assigned document number L06000111129.

**SECOND:** This amendment is submitted to amend the following:

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

677 N. Washington Blvd, Suite 8

Sarasota, FL 34236

Mailing Address:

677 N. Washington Blvd, Suite 8

Sarasota, FL 34236

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07 JAN 22 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated January 16, 2007.



Signature of a member or authorized representative of a member

**ROSEMARIE TAMUNDAY**

Typed or printed name of signee

Filing Fee: \$25.00