

L06000112601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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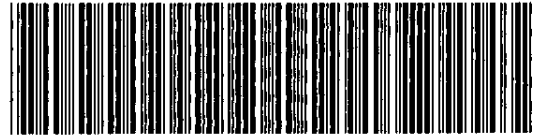
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Doctors of Nursing Practice, 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:

David G. O'Dell, Managing Member
Name of Person

Doctors of Nursing Enterprises, LLC
Firm/Company

6671 West Indiantown Road, Suite 50-103
Address

Jupiter, FL 33458
City/State and Zip Code

dgodell@DoctorsofNursingPractice.org
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

David G. O'Dell at (904) 226-8236
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**

Doctors of Nursing Practice, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/21/2006 and assigned Florida document number L06000112601, FEI/EIN 208015443.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Doctors of Nursing Enterprises, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same mailing address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same registered agent

New Registered Office Address:

Same 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.

Not changing registered agent

If Changing Registered Agent, Signature of New Registered Agent

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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:

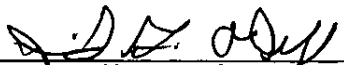
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
No changes in members of this LLC			
_____	_____	_____	<input type="radio"/> Add
_____	_____	_____	<input type="radio"/> Remove
_____	_____	_____	<input type="radio"/> Add
_____	_____	_____	<input type="radio"/> Remove
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_____	_____	_____	<input type="radio"/> Remove
_____	_____	_____	<input type="radio"/> Add
_____	_____	_____	<input type="radio"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Only change requested in the name – all other information remains the same

Dated January 2, 2012



Signature of a member or authorized representative of a member

David G. O'Dell, DNP, ARNP, FNP-BC

Typed or printed name of signee

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