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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NURSE STAT AGENCY 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:
NADIA REMY VENORD (Name of Person)
NURSE STAT AGENCY, LLC (Firm/Company) H31 BALBOA BLUD (Address) (Address) CLERMONT FL 347/5 FSTATE (City/State and Zip Code) For further information concerning this matter, please call:
H31 BALBOA BLUD AR TI
(Address) (Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
JEAN VE NORD at (321) 231-2965 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\begin{align*} \$25.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

NURSE STATEGENCY LLC
(Present Name) /
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on <u>JAN 22 2007</u> and assigned document number <u>L0700000 79/8</u> .	
SECOND:	This amendment is submitted to amend the following:	
	ARTICLE V:	
	TITLE: MGRM BOOK	
	NADIA REMY VENORDARE DE NORDARE D	
	Cleanary 5/ 3/17/19/10	
	Clermont FL 34715 TO SRATE 5	
	(A) A)	
	Title: MCRM	
	JEAN M. VENORD	
	431 BAIBOA BLVD	
	Clermont FL 34715	
_	<i>'</i>	
Dated <u>6</u>	-20-07 ,	
	Signature of a member or authorized representative of a member	<i>1</i>
	Signature of a member of authorized representative of a member	
	Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fee: \$25.00