

LO7000102963

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(Address)

(City/State/Zip/Phone #)

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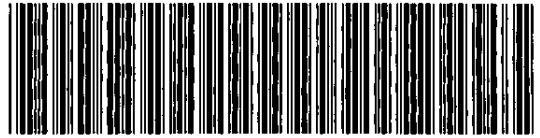
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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M. Thomas DEC 18 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPERIENCED CARING NURSES
(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:

Panadiane J. Samedy
(Name of Person)

EXPERIENCED CARING NURSES
(Firm/Company)

445 Douglas Ave Suite 2005-21
(Address)

Altamonte Springs FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

Panadiane J. Samedy at (407) 2832779
(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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Experienced Caring Nurses
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/12/07 and assigned document number 207000102963

SECOND: This amendment is submitted to amend the following:

I, Panadiane J. Samedy had registered the Mona Gabriel by mistake where my name should be placed. Please, I would like to remove Mona Gabriel's name and place Panadiane J. Samedy instead.

the owner's name are Panadiane J. Samedy & Guy M. Samedy

Dated 12/12/07

Panadiane Jourdain Samedy
Signature of a member or authorized representative of a member

PANADIANE J. SAMEDY
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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