## L0800011504

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	<del></del>
(Document Number)	<del></del>
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
	ŧ
	l
	•

Office Use Only

G. MCLEOD

DEC 02 2008

EXAMINER



100138312341

12/01/08--01014--008 \*\*25.00

NA NEC -1 PH 1:44

SECRETARY OF STATE

## **COVER LETTER**

SUBJECT: Nurses On Call Home Health, 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:							
	Paul J. Sardon, Esq.						
	(Name of Person)						
	Paul J. Sardon, P.A.						
		(Firm/Company)					
	3191 Coral Way, Suite 11	15					
	(Address)						
	Miami, FL 33145						
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Paul J. Sardon, Esq.		at ( 305 ) 4033990					
(Name of Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
<b>☑</b> \$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:** 

TO:

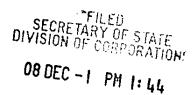
Registration Section
Division of Corporations

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



(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company	were filed on January 31, 20	2008 and assigned	
Florida document number LO8000011504			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the des	signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	9145 SW 40th Street, #1-/	4	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33165		
Enter new mailing address, if applicable:	9145 SW 40th Street, #1-/	Α	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33165		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		ls, enter the name of the new	
TON REGISTERS STREET PROPERTY.	(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 = Manager

MGRM = 1	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			<b></b> Add		
· · · · · · · · · · · · · · · · · · ·			Remove		
			Add Remove		
		Annual Control of the			
			Add Remove		
			Add Remove		
			<u> </u>		
D. If amen	iding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	)		
	MA				
			<del></del>		
		'89a	<del>,</del>		
Dated					
		or wind of tenresentative of a member			
	Signature of a member	or and the continuation of a monitor	.Λ		
	Typed	HIPOPA GAZOP	<u>₩</u>		

Page 2 of 2

Filing Fee: \$25.00