

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NURSES ON TIME, LLC**

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D. BRUCE

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**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUR	ISES ON TIME, LLC			
(Name of the Limited Line) (A Flor	ility Company as it now apper ida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability		06/03/2008	and assigned	
Florida document numberL08000054890				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	<u>limited liability company</u> he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "	LT.C. on the breviation	
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET AL	DRESS)		MY F	
	، ، ، ، ،	<del>-</del>	3 3 M	
Enter new mailing address, if applicable:			ORIDE STATE	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or re registered agent and/or the new registered office s		our records, <u>enter t</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	1'v	1 F1	Ju.,,,,	
	£,	Enter Florida street address		
	City	, Florida	Zip Code	
	$c_{ny}$		Dip Care	

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

## (((H09000247247)))

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

Title .	Name	Address	Type of Action
MGR	FELIPE A MORALES VASALIO	9145 SW 40 STREET SUITE 1-B MIAMI, FL 33165	_[7] Add Remove _
			Add Remove
			Add Remove
			Add Remove
	Valled to the same of the same		Add Remove
			Add Remove
D. If amendin	g any other information, cuter change(s	here: (Attach additional sheets, if necessary)	FIL 09 NOV 21
		SEE. FLORID	TED UBJ
Dated	NOVEMBER 23 2009	,	-& -
Dated	Dase M	authorized representative of a member	
	Jos	GE M LLANES printed name of signee	