

Division of Corporations

Page 1 of 1

**LD8000054890**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000108404 3)))



H100001084043ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EXECUTIVE CORPORATE FILING, INC.  
Account Number : 120070000059  
Phone : (305) 670-3110  
Fax Number : (305) 675-2288

**FILED**  
10 MAY -4 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

**D. BRUCE**

MAY -5 2010

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

**RECEIVED**  
10 MAY -4 AM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Jannette Sierra
DATE	2010-05-04 03:08:06 GMT
RE	nurses on time, llc

## COVER MESSAGE

thank you very much!!!! ;\*)

-

"Executive Corp Filing"

FILED  
10 MAY -4 AM 10:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

((H10000108404))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NURSES ON TIME, 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 06-03-2008 and assigned  
Florida document number L08000054890

This amendment is submitted to amend the following:

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

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:

(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: FELIPE A MORALES VASALLO

New Registered Office Address: 9145 SW 40 STREET - STE 1-B

*Enter Florida street address*

MIAMI

Florida

33165

*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

**FILED**  
10 MAY -4 AM 10:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(((H10000108404)))

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>
MGR	JOSE M LLANES	9145 SW 40 STREET SUITE 1-B MIAMI, FL 33165	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated APRIL 30, 2010

Signature of a member or authorized representative of a member

Jose M Llanes

Typed or printed name of signee

FILED  
10 MAY -4 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA