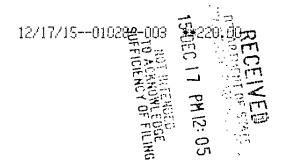
L08000092134

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DEC 18 2015 J. HARRIS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Nursefinders of Jacksonville, LLC	
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 12/16/15	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

	Registration Sec Division of Corp			
CUBIC		s of Jacksonville, LLC		
SUBJEC	:	Name of Limi	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing,	
Please ret	turn all correspor	ndence concerning this matter	to the following:	
		Bryan D. Krause		
			Name of Person	
		Nursefinders of Jacksonvil	le, LLC	
			Firm/Company	
		9120 Midlothian Tumpike		·
			Address	
		Richmond, VA 23235		
			City/State and Zip Code	
		linda.agee@nursefinders.ws	to be used for future annual report notifi	cation
For furth	er information co	oncerning this matter, please ca		July 1
Bryan D	. Krause		804 560-9400 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.6	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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nursefinders of Jacksonville, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	nears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on	08/29/2008 and assigned
Florida document number L08000092134	
his amendment is submitted to amend the following:	
L. If amending name, enter the new name of the limited liability compan	y here:
NurseJAX, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	m 52
	Carl March
Principal office address MUST BE A STREET ADDRESS)	
	The second secon
	<i>V</i> → 1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	C. 7. 5
	<u> </u>
. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of th
Name of New Registered Agent:	• • • • • • • • • • • • • • • • • • •
New Registered Office Address:	
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
·			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			<u> </u>
			Add
			Remove
			☐ Change

	 <u> </u>		 	
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Page 3 of 3

Filing Fee: \$25.00