## PROBODELL .

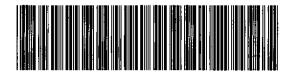
(Re	equestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
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JUN 0 3 2010

**EXAMINER** 



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## **COVER LETTER**

Division of Cor	rporations		
SUBJECT:	StaffUS I	Healthcare, LLC	
SUBJECT:		ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	*******		
		Name of Person	
		Firm/Company	
	2523 Seven Springs Blvd Address		
		Trinity FL 34655	
City/State and Zip Code		·····	
	jimmy E-mail address: (	/@staffushealthcare.com to be used for future annual report notifica	tion)
For further information of	concerning this matter, please o	all:	
	imes Bowen	at ( 727 ) 46  Area Code & Daytime 1	84-7474 Celephone Number
- 1		·	•
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St	affUS Healthcare, LLC			
(Name of the Limited I	iability Company as it now appear lorida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document number L090000908	bility Company were filed on		_ and as	signed
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company here	<u>e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC	or the	abbreviatio
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			9
	· ·		65	<u> </u>
			<u> </u>	37A
TO			1	₹ <u>₩</u> .,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	The second second
			<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	<b>~</b>	ur records, enter the	name (	of the nev
Name of New Registered Agent:	James Bowen			
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	2	Zip Cod	e
New Registered Agent's Signature, if changing Re	gistered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
CEO	Vincent J DeMauro	2523 Seven Springs Blvd Trinity FL 34655	Add Remove		
<u>coo_</u>	James D Bowen	2523 Seven Springs Blvd Trinity FL 34655	✓ Add ☐ Remove		
MGRM	Anna DeMauro	2523 Seven Springs Blvd Trinity FL 34655			
MGR_	Richard Carlson	2523 Seven Springs Blvd Trinity FL 34655	Add ✓ Remove		
MGR_	Tamara Carlson	2523 Seven Springs Blvd Trinity FL 34655	Add Remove		
			Add Remove 		
D. If amendin	ng any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_ _		
			_		
Dated	June 1st,	2010	_		
_	Signature of a m	ember or authorized representative of a member	<del></del>		

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00