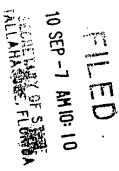
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(Req	uestor's Name)	·
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
. (Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

G. MCLEOD

SEP 8 - 2010

EXAMINER

COVER LETTER

10.	Division of Cor			b	÷		
SUBJE	CCT:	STOREY	NURSING	, "LLC"			
SOBOL			nited Liability Co	• • • • • • • • • • • • • • • • • • • •			
The end	closed Articles of	Amendment and fee(s) are su	ubmitted for filing	<u>3</u> .			
Please	return all correspo	ondence concerning this matte	er to the following	g:			
Name of Person							
		STOREY NURSING, "LLC"					
	Firm/Company						
		25	258 NW BOGGY BAY RD				
			Addres	SS			
		G	REENVILLE	·			
		City/State and Zip Code storeylaura62@yahoo.com					
		E-mail address:	(to be used for futt	re annual report notificat	ion)		
For furt	ther information o	concerning this matter, please	call:				
	LAUF	RA D. STOREY	at (_85	,	12-8949		
Name of Person		of Person		Area Code & Daytime T	elephone Number		
Enclose	ed is a check for t	he following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified (addition	ling Fee & I Copy nal copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	£* .	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIOREY	NURSING, "LL	C"			
(<u>Name of the Limited Liability (</u> (A Florida Lin	mited Liability Compan	y)			
The Articles of Organization for this Limited Liability Con Florida document numberL10000089700	mpany were filed on _	AUGUST 26, 2010 and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Co	npany," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>				
		F SF			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		5 5 0			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		n our records, enter the name of the nev			
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 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 = Managing Member

<u>Title</u>	Name		Address	Type of Action
MGR	LAURA D.	STOREY	258 NW BOGGY BAY RD GREENVILLE, FL 32331	Add Remove
···				Add Remove
				Add Remove
				Add Remove
				□Add □Remove
				Add Remove
D. If amend	ling any other in	formation, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
				_
				_
Dated <u>C</u> -	1-10	Signature of a memb	er or authorized representative of a member	
		L	AURA D. STOREY	
		Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00