

L11000045175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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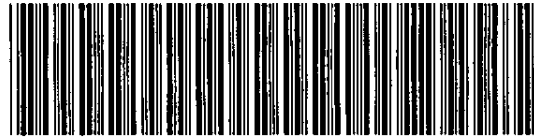
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan FEB 26 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JC RN Comprehensive Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fanette Rodriguez  
Name of Person

JC RN Comprehensive Solutions LLC  
Firm/Company

9000 Sheridan Street, Suite 115  
Address

Pembroke Pines, Florida 33024  
City/State and Zip Code

jc.rn.compsale@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fanette Rodriguez at 954, 862-2297  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

### 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  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2013 FEB 25 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JCRN Comprehensive Solutions 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 April 15, 2011 and assigned  
Florida document number L11000045175.

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria Nansamba	9000 Shendan Street	<input checked="" type="checkbox"/> Add
		Suite 115	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33024	
MGRM	Dr. Pamela Depina	9000 Shendan Street	<input checked="" type="checkbox"/> Add
	DNP ARNP CNM	Suite 115	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33024	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

-Notary Public State of Florida  
Nurse Practitioner NP Review  
Nurse Practitioner Tutoring

Dated

2/13, 2013



Signature of a member or authorized representative of a member

Fanelle Rodriguez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA