

L11000091339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300212286943

09/23/11--01005--017 \*\*25.00

FILED

2011 SEP 23 PM12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 28 2011

EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CALL 4 NURSE 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:

NICK KOUTRAKOS

Name of Person

CALL 4 HEALTH

Firm/Company

4720 N.W. 2<sup>nd</sup> AVE., # D105

Address

BOCA RATON, FL 33431

City/State and Zip Code

NICHOLAS@CALL4HEALTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK KOUTRAKOS

Name of Person

at 561 756 2884

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

2011 SEP 23 PM 12:21

CALL 4 NURSE, LLC  
(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/9/2011 and assigned  
Florida document number L 11 0000 91339

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	KOUTRAKOS, NICHOLAS J	15684 GLENCREST AVE. OHLWAY BEACH, FL 33446	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PORES, JOSEPH A.	19373 LOST OAKS LANE BOCA RATON, FL 33431	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2011 SEP 23 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated SEPTEMBER 14, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member

NICHOLAS KOUTRAKOS

\_\_\_\_\_  
Typed or printed name of signee