## L/1000102552

(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:						
A. LUNT						
SEP 2.6.2011						

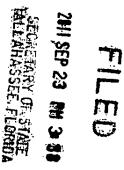
Office Use Only

**EXAMINER** 



200212220942

09/23/11--01019--001 \*\*30.00



## **COVER LETTER**

TO:	Registrat	tion Section of Corpora										
SUBJ	ECT:	Gl	OBAL	PROFES	SSION	AL STA	FFING,	LLC				
			<del></del>	Name of Lim				"		-		
The en	closed Artic	eles of Ame	ndment an	d f <del>ee</del> (s) are su	ıbmitted fo	r filing.						
Please	return all co	orresponden	ce concerr	ing this matte	er to the fol	lowing:						
	GABRIEL G. BACHOVE											
				Name of Person								
			GLOBAL PROFESSIONAL STAFFING, LLC									
	Firm/Company 964 CROWS BLUFF LN.											
								W.	22			
	Address SANFORD/FL. 32773								ECKETÁRY Leahassei 	HI ŞEP 23		
	City/State and Zip Code						<del></del>					
	GBACHOVE@GMAIL.COM  E-mail address: (to be used for future annual report notification)											
For fur	ther informa	ation concer		-mail address:	•	or future and	nual report not	tification	)	A COURSE	€	لئتنا
	G	ABRIEL	ВАСНС	VE	at	( 407 )		221	4874	N.		
	N	lame of Pers	on				Code & Dayti	me Tele	phone Numb	per		
Enclos	, ed is a check	c for the fol	lowing am	ount:								
<b>\$25</b>	i.00 Filing F	ee 📝	\$30.00 Fil Certifice	ing Fee & te of Status	Ce	00 Filing F rtified Cop Iditional co		ed)	Certific	Filing Fee, cate of Sta ed Copy onal copy	tus &	sed)
	R D P	MAILING A Registration Division of 0 O.O. Box 630 allahassee,	Section Corporatio 27			Regi Divis Clift 2661	EET/COUR stration Sect sion of Corp on Building Executive C shassee, FL 3	ion orations Center C	<b>3</b>			,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL PROFESSIONAL STAFFING, LLC

(Name of the Limited Liability Compo (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on September, 07, 2011 and assigned
Florida document numberL11000102552	
This amendment is submitted to amend the following:	
A.) If amending name, enter the new name of the limited lial	bility company here:
HEALTHCARE TALE	NT STAFFING, LLC.
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:	2 <b>2H</b>
(Principal office address MUST BE A STREET ADDRESS)	The second secon
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member GABRIEL G. BACHOVE Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00