

#L11000/20973

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11 NOV 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
NOV 23 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2011

NAPLES CONCIERGE NURSES LLC
DAVID J GIRARDI
8504 LAUREL LAKES BLVD.
NAPLES, FL 34119

SUBJECT: NAPLES CONCIERGE NURSES LLC
Ref. Number: L11000120973

We have received your document for NAPLES CONCIERGE NURSES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 811A00026084

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES CONCIERGE NURSES 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:

DAVID J. GIRARDI.
Name of Person

NEW NAME: NAPLES CONCIERGE NURSING LLC.
Firm/Company

8504 LAUREL LAKES BLVD.
Address

NAPLES, FL 34119
City/State and Zip Code

devidgirardi@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID J. GIRARDI at 239, 682-3105
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**

NAPLES CONCIERGE NURSES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-21-2011 and assigned
Florida document number L 11000120973

This amendment is submitted to amend the following:

2 A. If amending name, enter the new name of the limited liability company here:

NAPLES CONCIERGE NURSING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

CHANGE NURSES TO NURSING

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

11/21/2011

Signature of a member or authorized representative of a member

DAVID J. GIRARDY

Typed or printed name of signee