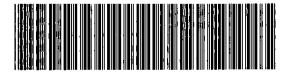
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K.SALY EXAMINER NOV 2 3 2011



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.

Letter Number: 811A00026084

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company 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 MAME: NADLES CONCIERGE NUTSING LLC
8504 LAUREL LAKES BIVID.
City/State and Zip Code City/State and Zip Code Cevid Grandi Q Vahoo. Com E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID J. GIRARD at (239) 682 - 3105 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

OF CALCIERGE ALLASES LANGE FLOND OF CARRIED OF STATE OF S

The Articles of Organization for this Limited Liability Company were filed on 10-21-2011. and assigned Florida document number 4 110001209.73

This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	c //C
The new name must be distinguishable and end with the "L.L.C." Change Norses	ne words "Limited Liability Company," the	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	- 4 - 114 - 11 - 11 - 11 - 11 - 11 - 11	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	/	
B. If amending the registered agent and/or		cords, enter the name of the nev
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		
No Post of Logic All		
New Registered Office Address:	Finter File	prida street address
	Emer Tie	or such as a ver alam ear
_		, 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>		Address	Type of Action
· · · · · ·		-		Add Remove
		-		Add Remove
		<u></u>		Add Remove
				Add Remove
		-		Add Remove
		_		Add Remove
D. If amei	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
				_
Dated	11/71/201().		I Grandi.	
			rauthorized representative of a member DAVID J. GIRAK printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00