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(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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17 MAY 23 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nightingale Information Technology, 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:

Kevin Pate

Name of Person

Nightingale

Firm/Company

6401 Congress Avenue, Suite 250

Address

Boca Raton, FL 33487

City/State and Zip Code

kpate@nightingalenurses.net

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

For further information concerning this matter, please call:

Kevin Pate

561

314-0140

at (_____) _____

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized 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"/> Change |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 MAY 23 AM 7:52
SECRETARY OF STATE
WASHINGTON, D.C. 20520

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 22, 2017

Signature of a member or authorized representative of a member

Kevin Pate, Registered Agent

Typed or printed name of signee