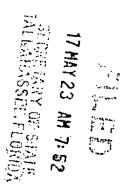
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Office Use Only



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COVER LETTER

	istration Se							
SUBJECT:	Nightingale Information Technology, LLC							
Sobject.		Name of Lin	nited Liability Company	-				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return	all correspon	ndence concerning this matter	to the following:					
		Kevin Pate						
			Name of Person					
		Nightingale						
			Firm/Company					
		6401 Congress Avenue, Sa	uite 250					
			Address					
		Boca Raton, FL 33487						
			City/State and Zip Code					
				- <u></u>				
			•	tification)				
For further in	formation co	oncerning this matter, please co	all:					
Kevin Pate			561 314-0140 at ()					
	Name of	Person	Area Code Daytii	me Telephone Number				
Enclosed is a	Name of Limited Liability Company neclosed Articles of Amendment and fee(s) are submitted for filing. Preturn all correspondence concerning this matter to the following: Kevin Pate							
≌ \$25 ,00 Fi	ling Fee							

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

Nightingale Information Technology, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L11000122769 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nightingale LC, LLC The new name must be distinguishable and contain 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			D Add
			□ Remove
			□ Change
			Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ust be specific and canrollock does not meet	not be prior to d the applicable	ate of filing or me statutory filing	ore than 90 days as	otional) ter filing.) Purs his date will 1	uant to	605.0207 listed as
ne record specifies a delaye The 90th day after the re		, but not a	n effective t	ime, at 12:0:	l a.m. on t	he ea	rlier of
May 22	20	17					
Dated May 22	, 20	017					
Dated May 22	, 20 Signature of a memb						

Page 3 of 3

Filing Fee: \$25.00