Florida Department of Sta

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone : (813)435-3176 Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LYNNE TRAUTWEIN RN CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNNE TRAUTWEIN RN CON	•	
(Name of the Lin	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number L11000139313	Liability Company were filed on L11000139313	and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the a	hhmeviation "LTC"
Enter new principal offices address, if appl	•	ooseviation E.L.C.
	 _	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		<u></u> _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC)	E B (X)	
	registered office address on our records, enter the nam	
agent and/or the new registered office addr	ess here:	2022
Name of New Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC	Z APR
New Registered Office Address:	4300 Biscayne Blvd Suite 203	15
	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.

City

MIAMI

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:

MGR =	Manager
$AMBR \simeq$	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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MODE: 1	re date, if other than the date of filing:
record d is file	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
^	4/14/ 2022
Dated _	
Dated _	\mathcal{D}_{o}
Dated _	Signature of a trember or authorized representative of a member

Filing Fee: \$25.00