

L12000067053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

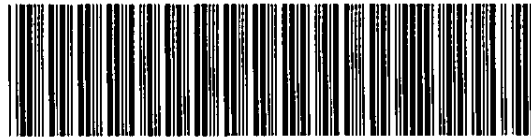
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 2 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hosanna Nursing School at The Center for Haitian Studies
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

RECEIVED
TALLAHASSEE, FLORIDA

12 OCT -1 PM 2:56

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hosanna Nursing School at Center For Haitian Studies, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-17-12 and assigned
Florida document number L12000067053

This amendment is submitted to amend the following:

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

Hosanna College of Health at The Center For Haitian Studies, LLC
The new name must be distinguishable and end with 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)

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TALLAHASSEE FLORIDA

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:

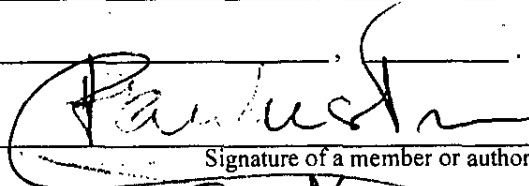
MGR = Manager

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

Dated _____



Signature of a member or authorized representative of a member

Jackson Augustin

Typed or printed name of signee

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2012

HOSANNA NURSING SCHOOL AT CENTER FOR HAITIAN STUDIES, L
8260 NORTHEAST 2ND AVENUE
MIAMI, FL 33138

SUBJECT: HOSANNA NURSING SCHOOL AT CENTER FOR HAITIAN
STUDIES, LLC
Ref. Number: L12000067053

We have received your document for HOSANNA NURSING SCHOOL AT
CENTER FOR HAITIAN STUDIES, LLC and your check(s) totaling \$60.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The name of a limited liability company must end with the words "Limited Liability
Company," the abbreviation "L.L.C.," or the designation "LLC." The word
"Limited" may be abbreviated as "Ltd." and the word "Company" may be
abbreviated as "Co." The following suffixes are no longer acceptable: "Limited
Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 512A00024365