

L12000151784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

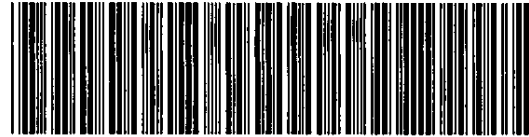
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 14 PM 2:01

JAN 15 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **AMN Care Services, 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:

David Kellogg

Name of Person

AMN Care Services, LLC

Firm/Company

725 North A1a, Suite A 103

Address

Jupiter, FL 33477

City/State and Zip Code

dave.amn@comcast.net

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

For further information concerning this matter, please call:

Dave Kellogg

Name of Person

at (**561**) **743 7774**

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

January 4, 2013

Florida Department of State Division of Corporations
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document number L12000151784

Enclosed please find the form needed to amend the Articles of Organization of a Florida Limited Liability Co., to amend the corporation's name, from AMN Care Services, LLC. to A Moment's Notice Nursing Service, LLC.

Please contact me if you need any other information, and to let me know that the change has been recorded.

Sincerely,

A handwritten signature in black ink, appearing to read 'DK', is written over the printed name 'David Kellogg'.

David Kellogg

725 N. A1A, Ste. A-103
Jupiter, FL 33477

561 743-7774

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN 14 PM 2:01

AMN Care Services, 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 12/4/12 and assigned
Florida document number L12000151784.

This amendment is submitted to amend the following:

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

A Moments Notice Nursing Service, 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)

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.

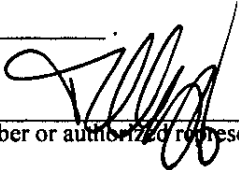
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Page 2 of 3

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

Dated 1/3/2013, _____



Signature of a member or authorized representative of a member

David Kellogg

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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