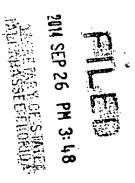
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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OCT. 01 2014 D. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Name of Limited Liability Company		
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	Urshela Marris Name of Person		
	Ideal Healthcare Staffing Firm/Company		
	8401 Lake Worth Rd Suit 2-232 Address		
	City/State and Zip Code	**************************************	
	E-mail address: (to be used for future annual seport notification)	ASP M	
For fu	urther information concerning this matter, please call:	26 ************************************	-
	Name of Person at (\$13) 520.7.585 Area Code Daytime Telephone Number	PH 3: 48	
Enclo	sed is a check for the following amount:		
□ \$2	(additional copy is enclosed) Certified C	of Status &	

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

Name of the Limited Liability Comp (A Florida Limited	HNG, L/C pany as it how appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 12/14/12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SYOI Lake Worth Ra =
(Principal office address MUST BE A STREET ADDRESS)	Suite 2-232
	Lake Worth, FL 334678 F
Enter new mailing address, if applicable:	8401 Lake Worth Rd w
(Mailing address MAY BE A POST OFFICE BOX)	Suite 2-232 = 5
	Lake Worth, FL 33416)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the never</u> :
Name of New Registered Agent:	Ley Nelson Colover
New Registered Office Address: 4760	Enter Florida street address
loke	Worth Florida 33463 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name **Address Type of Action** Urshela Morris AMBE 1078 Cleveland Arc. - Add Atlanta, Coa 30344 Remove Richey Nelson Glover PlAdd AMBR Bickey Colover 4760 Via Bari # 5204 - Remove lake Worth, FL 33463 □ Add ☐ Remove <u></u> □**2**Xdd ☐ Add ☐ Remove □ Add □ Remove

). If amending any other information,	, enter change(s) here: (Attach additional sheets, if necessary.)
•	
 	
. Effective date, if other than the date	e of filing:(optional) prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida	
Dated Softmber 2	4. 2014.
	To last
- Phates	
	lature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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