

L13000050105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & T Healthcare Staffing Solutions
Name of Limited Liability Company

Dear Sir or Madam:

Amendment

The enclosed ~~Registered Agent/Registered Office Change~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yohandra Beatm

Name of Person

B & T Healthcare Staffing Solutions

Firm/Company

12401 West Okeechobee Rd # 104

Address

Hialeah Gardens FL 33018

City/State and Zip Code

beatmyphandra@yahoo.com

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

For further information concerning this matter, please call:

Yohandra Beatm

Name of Person

at (305) 979-5519

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

B & T Healthcare Staffing Solutions, 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 4/5/13 and assigned
Florida document number L13 0000 50105

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

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:

12401 West Okeechobee Rd #104
Enter Florida street address

Hialeah Gardens, Florida 33018
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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			<input type="checkbox"/> Remove

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

Dated _____

Y Beaton

Signature of a member or authorized representative of a member

Yohandra Beaton

Typed or printed name of signee

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Filing Fee: \$25.00