

217000094753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

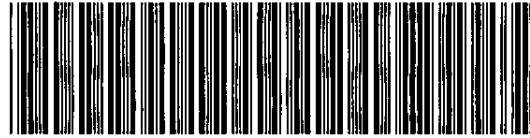
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANCE NURSING CONCEPTS 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:

KRISTI LIPPS
Name of Person

ADVANCE NURSING CONCEPTS LLC
Firm/Company

6914 CIRCLE CREEK DRIVE N
Address

PINELLAS PARK FL 33781
City/State and Zip Code

ANCLLC@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTI LIPPS at (813) 362-6512
Name of Person 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

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

ADVANCE NURSING Concepts 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 11/5/13 and assigned Florida document number L13000094793

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6914 Circle Creek Drive N
PINELLAS PARK FL 33781

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6914 Circle Creek Drive N
PINELLAS PARK FL 33781

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:

KRISTI LIPPS

New Registered Office Address:

6914 Circle Creek Drive

Enter Florida street address

PINELLAS PARK

City

Florida

SECRETARY OF STATE
14 NOV 14 AM 9:15
MAIL ADDRESS CHANGED

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.

K Lipps

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISTI LIPPS	6914 Circle Creek Drive N PINELLAS Park FL 33781	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOHN D. LIPPS	6914 Circle Creek Dr N PINELLAS Park FL 33781	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KRISTI ANDERSON	6914 Circle Creek Dr N Pinellas Park FL 33781	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

I am changing the business address, changing
my name due to marriage + adding my
husband's name.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be 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 Department of State)

Dated 11/9/14, _____.

K Lipps
Signature of a member or authorized representative of a member

KRISTI Lipps
Typed or printed name of signer

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TALLAHASSEE, FLORIDA