

L13000140858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

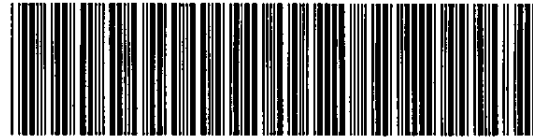
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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14 FEB 18 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 20 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurse Express 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:

Keisha Hill
Name of Person

Nurse Express LLC
Firm/Company

1248 E. Hillsborough Ave
Address

Tampa, FL
City/State and Zip Code

Nurseexpressllc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keisha L. Hill at (813) 581-5038
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

Nurse Express LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/15/2013 and assigned
Florida document number L13000140858.

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)

1248 E. Hillsborough Ave.
Tampa, Fl.

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

City, Florida 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 appending 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

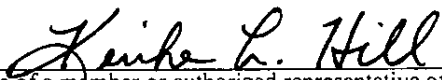
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Darlene Daniels	2084 Landover Blvd.	<input checked="" type="checkbox"/> Add
		Spring Hill, Fl. 34608	<input type="checkbox"/> Remove
MGRM	Cordelia O. Jerry	4620 N. 37 th St.	<input checked="" type="checkbox"/> Add
		Tampa, Fl. 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

To whom it may concern: I, Keisha Hill
one and the same as Keisha Livingston
has changed my last name due to marriage.
Please update my name to Keisha L. Hill

Dated

1/2/2014


Signature of a member or authorized representative of a member

Keisha L. Hill

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00