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	(Requestor's Name)
,	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

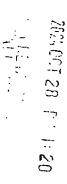




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COVER LETTER

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TO: Registration 3 Division of C				
	otential Heatlhcare Workforce S	oltions, LLC		
SUBJECT:	Name of Lin	nited Liability Company		itus &
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	Kristin Van Meter			
		Name of Person		
	Human Potential Healthea	re		
		Firm/Company		
	1009 West Cleveland Stre	et		
		Address	1	
	Tampa, FL 33606			
		City/State and Zip Code		:
	kvanmeter@humanpotentia		2	٥
	E-mail address: (to be used for future annual report not	ification)	7
For further information	concerning this matter, please c	all:		-
Kristin Van Meter		352 572-7419		20
Name	of Person		ne 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 radditional copy is enclose	
Mailing Addr Registration		Street Address: Registration Sc	ertion	
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Human Potential Healthcare Workforce 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 $\frac{11/27/2013}{1}$ and assigned Florida document number $\frac{L13000166013}{}$ 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1009 West Cleveland Street Enter new principal offices address, if applicable: Tampa, FL 33606 (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: Kristin Van Meter Name of New Registered Agent: 1009 West Cleveland Stret New Registered Office Address: Enter Florida street address , Florida $\frac{33606}{Zip\ Code}$ Tampa

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kristin Van Meter	1009 West Cleveland Street	□Add
		Tampa, FL 33606	□Remove
			■ Change
			DAdd
			□Remove
			□Change
			Add Concerning
			CD ☐ Change
			DAdd ⊃
			□Remove
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Note: If the date inse	ner than the date of fili ed, the date must be specific a rted in this block does not date on the Department of	t meet the applicable	<u>.</u>	(optional) 0 days after filing.) Purs ments, this date will i	uant to 605.0207 not be listed as
e record specifies a de rd is filed.	layed effective date, but n	not an effective time.	at 12:01 a.m. on the ea	rlier of: (b) The 90t	h day after the
Dated Octob	er 23rd	2034			
k	er 23rd Hatlin Ja	MINGLE a member or authorize	d representative of a mem	ber	
	1)	an mete Typed or printed na			

Filing Fee: \$25.00