

L14 0000 89560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

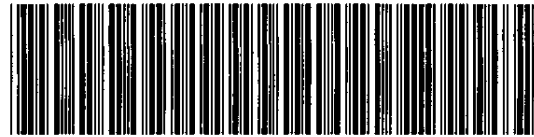
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 19 PM 3:45
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

DEC 22 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

CLAUDIA MCLEAN
PO BOX 640342
MIAMI, FL 33164 US

SUBJECT: SINAI SCHOOL OF NURSING, LLC
Ref. Number: L14000089560

RECEIVED
2016 DEC 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SINAI SCHOOL OF NURSING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 316A00023904

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sinai School of Nursing, 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:

Claudia McLean
Name of Person

Sinai School of Nursing, LLC
Firm/Company

P.O. Box 640342
Address

Miami, FL 33164
City/State and Zip Code

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

For further information concerning this matter, please call:

Claudia McLean at (305) 945-5677
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**

Sinai School of Nursing, 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 _____ and assigned Florida document number L14000089560

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

540 NW 165th St. Rd.
302
Miami, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 640342
Miami, FL 33164

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:

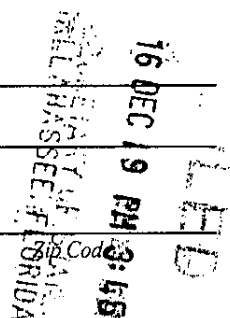
Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City



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 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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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AMBRIDGE, FLORIDA

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

MA

16 DEC 19 PM 3:45
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 4/30/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

12/13

2016

[Signature]

Signature of a member or authorized representative of a member

Claudio McLean

Typed or printed name of signee