

L14 0000 89560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

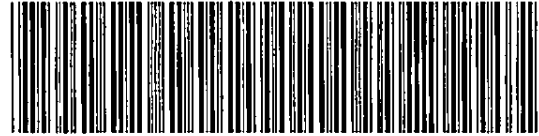
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/17--01014--012 **55.00

FILED
17 OCT -4 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sovereign School of Nursing, LLC
P.O Box 640342
Miami, FL 33164
Phone: (305) 945 - 5677

October 4, 2017

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

RE: Dissolution of Company

Dear Mr. Shivers:

We needed to change the name Sinai School of Nursing to Sovereign School of Nursing but needed to wait on a license approval. In the meantime, not to lose the name we registered the name Sovereign School of Nursing, LLC. Our license is approved and we have been given approval to make the name change.

We would like to: -

- **Dissolve Sovereign School of Nursing Document # L17000145347.** The cost of \$25 was already paid to the department and the check was cashed. A copy of the cancelled check is included in the email.
- Check total \$55

We have no intention of revoking the dissolution, please release the name for use.

Should you have any questions or require additional information please do not hesitate to contact us at (305) 945-9025 or (305) 945-5677

Thank you.

Sincerely,

C McLean

Claudia McLean
Director of Operations.

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 fees 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 640312
Address

Miami, FL 33164
City/State and Zip Code

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 5/29/14 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:

Sovereign School of Nursing, LLC
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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address
City, Florida

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TALLAHASSEE, FLORIDA

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.

N/A

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
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: 8/1/17 (optional)

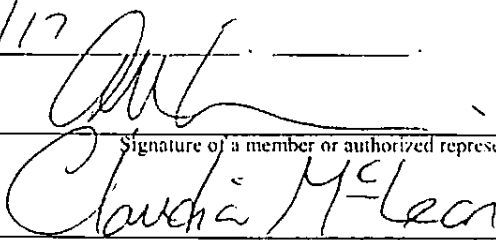
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

9/25/17



Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA