## 14000 93899

(Re	questor's Name)	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJEC	COME BI	EHOLD ISRAEL, LLC				
SCBGE		Name of Limi	ted Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please re	eturn all correspon	ndence concerning this matter t	to the following:			
		JAMES M. STEWAR	RT, ESQ.			
			Name of Person			
		JAMES M. STEWAR	RT, ESQ.			
			Firm/Company			
		1211 PLAZA CIRCL	E	•	2814a	_
			Address	<del> </del>		+
		SINGER ISLAND, F	LORIDA 33404		2014 COT 31 PM PA	
			City/State and Zip Code			;
		Plazalaw@bellsouth.	net o be used for future annual report notifi	cution)	် က	
For furth	er information co	oncerning this matter, please ca	-	cationy		
	s M. Stewart,		561 842-2477			
	Name of	Person	Area Code Daytime	Telephone Number	-	
Enclosed	d is a check for the	e 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 For Certificate of Societified Copy (additional copy is	Status &	
		NG ADDRESS:	STREET/COURIE Registration Section			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

COME BEHOLD ISRAEL, L					
( <u>Name of the Limite</u>	d Liability Comp (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited Lie Florida document number <u>L14000093899</u>	ability Company	y were filed on June 9, 201	14;	and assigne	d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited lial	oility company here:			
NIGHTENGALE SERVICES, LLC					
The new name must be distinguishable and end with the v	vords "Limited Lia	bility Company," the designation "	LLC" or the abbrev	iation "L.L.C	
Enter new principal offices address, if applica	ıble:	Same			
(Principal office address MUST BE A STREE)	T ADDRESS)			·>	
			1		
			25	88	
Enter new mailing address, if applicable:		Same	ور وران وران	<u> </u>	ese a las.
(Mailing address MAY BE A POST OFFICE I	BOX)		****	S. De	<u> </u>
-	<del></del>			E PO	
			-: ]	;ii: 🔾	
B. If amending the registered agent and/oregistered agent and/or the new registered of			rds, enter the	name of t	<u>he new</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:					
		Enter Florida street add	lress		
			Florida		
		City	Zi	ip Code	
New Registered Agent's Signature, if changing R	egistered 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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□ Add
			LI AU
			□ Remove
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N/A	
the date this document is filed by the Florida Depa	to date of receipt or filed date and cannot be more than 90 days after artment of State)
he effective date must be specific, cannot be prior he date this document is filed by the Florida Depa	to date of receipt or filed date and cannot be more than 90 days after artment of State)
he effective date must be specific, cannot be prior he date this document is filed by the Florida Depa Dated October 39	to date of receipt or filed date and cannot be more than 90 days after artment of State)

Page 3 of 3

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