L14000169844

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PEREGONZA LAW GROUP, PLLC
Account Number : I20160000078
Phone : (786)650-0202
Fax Number : (786)650-0200

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: OFFICE@PEREGONZA.COM

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LLC REGISTERED AGENT CHANGE

TALISMAN NURSE GROUP, LLC

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MAY 16 2017

Y SULKE

Fax Audit Number: H170001263143

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Talisman Nurse Group, 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:

Juan J. Perez, Esq.
Name of Person

PereGonza Law Group, PLLC
Firm/Company

1414 NW 107th Avenue, Suite #302
Address

Doral, FL 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

Juan J. Perez, Esq. at (786) 650-0202
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

Talisman Nurse Group, 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 10/31/2014 and assigned Florida document number L14000169844.

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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

17 MAY 15 AM 8:41

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: PereGonza Law Group, PLLC

New Registered Office Address: 1414 NW 107th Avenue, Suite #302
Enter Florida street address

Doral, Florida 33172
City *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 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

Fax Audit Number: H170001263143

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

Title	Name	Address	Type of Action
MGR	Giovana Fieres	9720 Bay Harbor Terrace, APT #4	☒ Add
		Bay Harbor Islands, FL 33154	☐ 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.)*

17 MAY 15 AM 8:2

E. **Effective date, if other than the date of filing:** _____ **(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 May 5th 2017

Signature of a member or authorized representative of a member

Iris ~~Alvarez~~ Alvarez

Typed or printed name of signer

Filing Fee: $25.00