1.14000178679

(Re	questor's Name)	
———————(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
A2 3/8/11	Ų	

Office Use Only



400285310084

05/11/16--01014--019 **30.00

16 MAY II AN IO: 50
SECRETARY OF STATE
ALLAHASSEE FIGURE

WAY ARRIS

COVER LETTER

Division of Corpo	orations		
SUBJECT: NO	urse Proje	ct, LLC	
	Name of Limi	ted Elability Company	
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Daniel	D. Whitehouse	_
		Name of Person	
	Whitehou	Name of Person 15e zud Gopev Firm/Company	, PLLC
		Firm/Company	
	1009 East	-Avenue	
		Address	
	Clermon	t FL 34711	
	dwhitehou	t FL 34711 City/State and Zip Code Se Owhitehouse	-cooper, com
	E-mail address: (to	o be used for future annual report notificat	ion)
For further information con	cerning this matter, please ca	11:	
Joan Pal	147/21/1	(41 292-1	5704
Name of P	erson	at (646) 283 - 6 Area Code Daytime Te	lephone 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:

TO: . Registration Section

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

Nurse Proje	et, LLC			
(Name of the Limited Liabilio (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>LIHOOO1786</u>		8/2014	_ and assig	;ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		tion "LLC" or the abbre	viation "L.L.	C."
Enter new mailing address, if applicable:		A	16 HAY	should the state of the state o
(Mailing address MAY BE A POST OFFICE BOX)		200 (100 (100 (100 (100 (100 (100 (100 (2 6 G
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our ress here:	records, enter:th	e name of	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	eet address		
	C:	, Florida	Zip Code	
	City		zip Coae	

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 **Type of Action** Title <u>Name</u> **Address** Elena St Laurent 1810 Centennial Ave DAdd AMBR St Cloud FL 34769 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Remove.... 50 Add ☐ Remove

☐ Change

				<u></u> .			
							<u>. </u>
							
							
							
				- ,,			
		.					
	 		.	•			
			. 114 /				
				<u></u>			
ective dat	late inserted in thi	s block does not	meet the applical	o date of filing or moble statutory filing	(opt re than 90 days afte requirements, th	ional) er filing.) Pursua is date will no	int to 605.02 t be listed a
	fective date on th	e Department of	State's records.				
			date but not	an effective ti	me, at 12:01	a _. m. on the	e earlier
ument's ef	pecifies a dela day after the i						
ument's ef record sp he 90th	day after the i					T.	
ument's ef record sp he 90th	day after the i		1. 2016			SEC TALL	16
record sp	day after the i	record is filed	1. , <u>2016</u> Jalma	- Vi		SECKE! FALLAH?	16 HAY
ument's ef record sp he 90th	day after the i	record is filed	1. 2016 Jalue a member or author		of a member	SECKE ARY FALLAHASSI	I AW 91

Page 3 of 3

Filing Fee: \$25.00