

21500003993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2015

March 13, 2015

Florida Dept of State Division of Corporations

To Whom It May Concern,

Please find enclosed the documents required to change the ownership of Medical Staffing Plus, LLC over from Michel Medore to Lindsey Hansen, effective immediately.

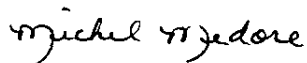
Please note the change also needs to be noted on the Tax ID 47-2717461, of which a copy of the current CP-575 letter is also enclosed.

If you have any questions regarding the requested change, you may contact me at

561.248.3331 or

michel@certifiedcredentialing.com

Thank You,

A handwritten signature in cursive script that reads "Michel Medore".

Michel Medore

5200 N Flagler Dr, Ste 2401
West Palm Beach, Florida
33407

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medical Staffing Plus 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:

Lindsey B. Hansen

Name of Person

Medical Staffing Plus LLC

Firm/Company

3345 Burns Road Suite 201

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

Lindsey@medicalstaffingplus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsey B. Hansen

561 472-4189

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Medical Staffing Plus 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 01/08/2015 and assigned
Florida document number L15000003993

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 end with 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)

3345 Burns Road

Suite 201

Palm Beach Gardens, Florida 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3345 Burns Road

Suite 201

Palm Beach Gardens, Florida 33410

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:

Lindsey B. Hansen

New Registered Office Address:

3345 Burns Road Suite 201

Enter Florida street address

Palm Beach Gardens

Florida 33410

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

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michel Medore	5200 N. Flagler Dr. #2401	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
AMBR	Layton D. Palmer	5200 N. Flagler Dr. #2401	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
MGR	Lindsey B. Hansen	3345 Burns Road Suite 201	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
AMBR	John Papa	3345 Burns Road Suite 201	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2008

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

Tax ID# 47-2717461 associated with Medical Staffing Plus LLC also needs to
be changed to reflect the new owner as being Lindsey B. Hansen with her
address as listed on this amendment.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated February 25, 2015

Michel D. Medore

Signature of a member or authorized representative of a member

Michel D. Medore

Typed or printed name of signee

FILED
15 APR 14 PM 4:58
SEC. OF STATE
TALLAHASSEE, FLORIDA