

# LIS 000028747

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

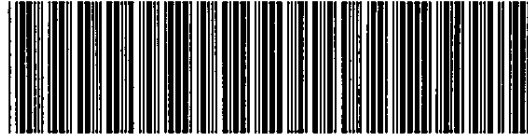
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 OCT 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outlyan OCT 27 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELITE MEDICAL STAFFING, 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:

DAWN TAYLOR

\_\_\_\_\_  
Name of Person

ELITE MEDICAL STAFFING, LLC

\_\_\_\_\_  
Firm/Company

2963 GULF TO BAY BLVD., SUITE 320

\_\_\_\_\_  
Address

CLEARWATER, FL 33759-4286

\_\_\_\_\_  
City/State and Zip Code

dtaylor@elite-medicalstaffing.com

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

For further information concerning this matter, please call:

DOTTIE RANDAZZO

302 999-9960  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
2015 OCT 26 AM 11:00

ELITE MEDICAL STAFFING, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 02/10/2015 and assigned  
Florida document number L15000028747.

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)**

2963 Gulf to Bay Blvd.  
Suite 320  
Clearwater, FL 33759-4286

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

2963 Gulf to Bay Blvd.  
Suite 320  
Clearwater, FL 33759-4286

**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:

STEPHEN F. LUDDERS

New Registered Office Address:

2963 GULF TO BAY BLVD., SUITE 320

*Enter Florida street address*

CLEARWATER

*City*

Florida 33759-4286

*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 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>
AMBR	STEPHEN F. LUDDERS	2963 Gulf to Bay Blvd., Suite 320	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33759-4286	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOMS, NICHOLAS	595 W GRANADA BLVD.	<input type="checkbox"/> Add
		ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SECRET  
FALL 1955

FILED  
2015 OCT 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 10/22/, 2015

Signature of a member or authorized representative of a member

STEPHEN F. LUDDERS

Typed or printed name of signee