Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 194512000707

Phone

: (305)803-2736

Fax Number

: (305)381-2286

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

VALORE NURSE REGISTRY, LLC.

Certificate of Status	0
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Page Count	01
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JUN 1 0 2016

Electronic Filing Menu

Corporate Filing Menu SULKER

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	VALORE NURSE REGISTRY, LLC.		
(Name of the Limi	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L15000203920	iability Company were filed on 12-1	0-15	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbrevio	tion "L.L.C."
Enter new principal offices address, if applie	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		ALLA	16
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	ASS En	
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter <u>stile</u>	name of the ne
Name of New Registered Agent:	EMILIO BLANDON		7
New Registered Office Address:	Enter Florid	la street address	
	•	, Florida	
	Cip		o 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>	Name	<u>Address</u>	Type of Action
AMBR	ALBERTO D. PORTUGUES	9100 S. DADELAND BLVD 1500	
		MIAMI, FL. 33156	■ Remove
			Change
AMBR	MARLEY HERNANDEZ	9100 S. DADELAND BLVD 1500	
		MIAMI, FL. 33156	■ Remove
			□ Change
AMBR	EMILIO BRANDON	9100 S. DADELAND BLVD 1500	■ Add
		MIAMI, FL. 33156	☐ Remove
			Change
			Add
			Remove
			Change
			S D Remiove
			TO Cargo III
			☐ Remove
		20	□ Change

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8 16 09:08p	Business World	3053812286	p.4
If amending an	y other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
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Effective date, i	f other than the date of filing:	(antional)	27 th
Note: If the date	s listed, the date must be specific and est inserted in this block does not meetive date on the Department of State	annot be prior to date of filing or more than 90 days after filing.) Put the applicable statutory filing requirements, this date will te's records.	rsuant to 605.020 I not be listed as
	ifies a delayed effective dat y after the record is filed.	te, but not an effective time, at 12:01 a.m. on	the earlier o
Dated JUNE 3		2016	
		3	
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	Digitality of a file.	and a control to prove the tree to the tree tree to the tree to the tree tree to the tree tree tree tree tree tree tree	
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