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COVER LETTER

Division of Corporations CENTER FOR GLOBAL INITIATIVES FOR NURSING & NURSING EDUCATION LLC SUBJECT: 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: LEESUK FERENCSIK Name of Person CENTER FOR GLOBAL INITIATIVES FOR NURSING & NURSING EDUCATION LLC Firm/Company 1947 CANDLENUT CIR. Address APOPKA, FL 32712 City/State and Zip Code Iferencsik@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEESUK FERENCSIK 529-6782 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

* Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL INITIATIVES FOR NURSING AND NURSING STUDENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A F	lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L16000058126		H 22, 2016	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
CENTER FOR GLOBAL INITIATIVES FOR NURSII	NG & NURSING EDUCATION, LL	С		
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	ation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:	···			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	U	r records, <u>enter</u>	the name of the new	
New Registered Office Address:				
	Enter Florida street address			
_		, Florida _	Zip Code	
	·		Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery and the state of the company has been notified in writing of this change in the registery and the state of the company has been notified in writing of this change in the state of the	nd complete performance of my e ed agent as provided for in Chap stered office address, I hereby co	duties, and I am oter 605, F.S. Or	familiar with and ; if this document is	
			- U	
	If Changing Registered Agent,			
	If Changing Registered Agent, Page 1 of 3	Signature of New R	egistered Append . 2: 49-	

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 Type of Action Name Address** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add 2016 APR -□ Remove ☐ Change U Remove

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		ha data of filiu	MARCH 22, 2	date of filing or more	(option than 90 days after f	iling.) Pursuar	nt to 605.0 be listed
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