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(Re	questor's Name)	······································
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SECRETARY OF STATES.
TALLAHASSEE, FLORIDA

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APR 1 9 2016
S. YOUNG

COVER LETTER

TO;	Registration Se Division of Cor	ction porations		
SUBJE		OR GLOBAL INITIATIVES	FOR NURSING & NURSING EDU	ICATION, LLC
SUBJE	C1;	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LEESUK FERENCSIK		
			Name of Person	
		CENTER FOR GLOBAL	INITIATIVES FOR NURSING & 1	VURSING TO THE TAIL T
			Firm/Company	PR
		1947 CANDLENUT CIRC	CLE	-8
			Address	PX
		APOPKA, FL 32712		16 APR 18 PM 4: 29
			City/State and Zip Code	
		lferencsik@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please co	all:	
LEE FE	ERENCSIK		407 529-6782	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTER FOR GLOBAL INITIATIVES FOR NURSING & NURSING EDUCATION, 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 MARCH 22, 2016 and assigned Florida document number _____L160000058126 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. DE. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address Florida 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 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	Address	Type of Action
MGR	LEESUK FERENCSIK	1947 Candlenut Cir. Apopka, FL 327	12 Add
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Note: If the	date inserted	in this block on the Depart	loes not me	et the appl	icable statu	tory filing re	quirements	this date wi	ll not be listed a
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Dated APRI	L 14			2016	<u>;</u>				
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Page 3 of 3

Filing Fee: \$25.00