## L17000181337

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## **COVER LETTER**

Division of Corporations
SUBJECT: LVK Health Cure Staffing Services LUC  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:
Christine Knight Name of Person
LVK Health Care Staffing Services LCC Firm/Company
13530 UISta Del Lago Blvd
Chront, FL 34711  City/State and Zip Code  Cyv Knight Chotmail. Com  E-mail address: (to be used for future annual report notification)
Cyvknicht Chotmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ohnstine Knight at (L446) 961-8595 Name of Resson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bigcup \$(additional copy is enclosed)\$\$ 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2018

CHRISTINE KNIGHT 13530 VISTA DE LAGO BLVD CLERMONT, FL 34711

SUBJECT: LVK HEALTH CARE STAFFING SERVICES LLC

Ref. Number: L17000181337

We have received your document for LVK HEALTH CARE STAFFING SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00006817

RECEIVED

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DEPARTMENT OF STATE

TALL A HASSEE FLORIST



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LVK Health Care Staffing (Name of the Limited Liability Compa (A Florida Limited)		ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000181337</u>	were filed on Aug 24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		791
(Principal office address MUST BE A STREET ADDRESS)		Con the second
		3-44 <b>20 same</b>
Enter new mailing address, if applicable:	15701 SR 50	Suffer 204 Garage
(Mailing address MAY BE A POST OFFICE BOX)	Ckrmont, FL.	34711
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress .
		Florida
	City	Zip Code
N. D. La J. A. Changle Decision of Access	······································	

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
CEO	Sean Carter	1498 Remsen Ave Blyn, NY	11236 1 Add
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Note: If document the reco	e date, if other than the date of filing:  (optionally date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.  In the date inserted in this block does not meet the applicable statutory filing requirements, this it's effective date on the Department of State's records.	date will not	be listed
Dated	April 17, 2018  Christine Knight  Typed or printed name of signee		
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	Signature of a member or authorized representative of a member		APR
	Christine Knight Typed or printed name of signer		χ ω
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Filing Fee: \$25.00