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MG-2 MB S. PRATHER

## **COVER LETTER**

TO:

**Registration Section** Division of Corporations

Healthcan	e Talent, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BJ Grau		
		Name of Person	
	Healthcare Talent, LLC		
		Firm Company	
	5200 NE 132 PI		
		Address	
	Anthony, FL 32617		
		City/State and Zip Code	
	bj@htlconnect.com		
		to be used for future annual report no	M(Bealton)
For further information c	concerning this matter, please c	all:	
BJ Grau		321 200-5552 at ()	
Name (	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed:	\$260,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed.
Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUI Registration Sec Division of Corp	
P.O. B	ox 6327 issee, FL 32314	Clifton Building 2661 Executive (	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthcare Talent, LLC	3	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000196975</u> .	were filed on September 22, 201	7 and assigned
This amendment is submitted to amend the following:		e 53
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	JU. 27
The new name must be distinguishable and contain the words "Limited Liabi	hty Company." the designation "LLC" or	the abbreviationLC."
Enter new principal offices address, if applicable:	1 S Eola Dr	. ب 
(Principal office address MUST BE A STREET ADDRESS)	Suite 14	• ១
	Orlando, FL 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1 S Eola Dr Suite 14	
	Orlando, FL 32801	.,,,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		nter the name of th
	Enter Florida street address	
	Florid	~ · · · · · ·
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jason Schreiber	1 S Eola Dr Orlando, FL 32801	🗎 Add
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
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E. Effecti	ve date, if other than the date of filing: (opt	ional)	0 F B 3 A
(If an effe	ve date, if other than the date of filing:	er filing.) Pursuant to 6	05.020 isted a:
(If an effe Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	er filing.) Pursuant to 6	605.020 isted a:
(If an effe <u>Note:</u> docume	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	er filing.) Pursuant to 6 is date will not be l	isted a:
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Filing Fee: \$25.00