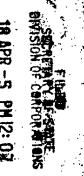
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COVER LETTER

Division of Corp	orations		
Island Medic SUBJECT:	cal Staffing LLC		
SUBJECT:	Name of Limited I	iability Company	
The enclosed Articles of A	mendment and fee(s) are submitte	d for filing.	
Please return all correspon	dence concerning this matter to the	e following:	
	Jina Marie Costa		
		Name of Person	
	Island Medical Staffing LLC		
		Firm/Company	
	264B Miami Avenue West		
	 	Address	
	Venice FL 34285		
	Ci	ty/State and Zip Code	
	g.jcosta@yahoo.com		
	E-mail address: (to be	used for future annual report no	tification)
For further information co	ncerning this matter, please call:		
Jina Marie Costa		941 525-8764 at ()	
Name of	Person		me Telephone Number
Enclosed is a check for the	e 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)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Medical Staffing LLC		
(Name of the Limi	ted Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I	iability Company were filed on 12/1/17	and assigned
Florida document number L17000246295	*	
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	Z BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		5 38
Name of New Registered Agent:	Mark S. Ring, CPA, CGMA	APR -5
New Registered Office Address:	248 Nokomis Avenue South	7
	Enter Florida street Venice	_, Florida 34285
	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

Page 1 of 3

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	Gerard F. Costa	240 Santa Maria Street Unit 225	
		Venice FL 34285	□ Remove
			☐ Change
			Add
		 	☐ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
<u> </u>			□ Add
			Remove
			☐ Change
			Add
			Remove:
			han
			PA ROTIONS
			Change

Gerard Costa will be remov	red from the LLC and the LLC will be a one person LLC o	wned and managed by
Jina Marie Costa with 100%	6 control of the company.	
	· · · · · · · · · · · · · · · · · · ·	
tive date, if other than the fective date is listed, the date in	ust be specific and cannot be prior to date of filing or more than 90	(optional) days after filing.) Pursuant to 60:
If the date inserted in this l	block does not meet the applicable statutory filing requirer. Department of State's records.	nents, this date will not be list
cord specifies a delayed 90th day after the re	ed effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earli
March 28	2018	•
1 .	Apola Massaglana and	3
JUILL HILL	_ Costa, Member/manager	-
	Signature of a member or authorized representative of a member	·CI 6

Page 3 of 3

Filing Fee: \$25.00