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# **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:		RUSA OE	·		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Rei	Name of Person	AirAD	0	
		Name of Person  Wex  Firm/Company	RVSAL	D-l	
	14107	Mossy Address	Glen	kine	
	APT 104	City/State and Zip Code  RADS NCLEX for be used for future annual	PL	33613	
	Kernier Al	RADE NOLEX A	report notifica	Small-Com	,
For further information cor	icerning this matter, please ca		,	,	
Reinier	ALLAD T	at (_ <b>-72.7</b> _) Area Code	459 Daytime T	-5341	<u>.                                    </u>
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy

## 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCLEX	CRUSADE	
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our rec ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number	1	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	8 :::SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Y 25 PM 1: 26
B. If amending the registered agent and/or registered agent and/or the new registered office ac		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street ada	Iress
<del></del> -	City	FloridaZin Code
	Çıû	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 Living AMADOR □ Add \_\_ Remove Change to FAMBR General Change
Reinier Airabo 14107 Mossy Clen Lane Bradd
APT 1041 FAMPA FL 3:3613 ☐ Remove □ Change □ Add \_□ Remove Change □ Add □ Remove \_\_ 

Change \_□ Add □ Remove ☐ Change □ Add ☐ Remove \_\_\_\_\_ Change

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<u>ote:</u> If	date, if other than the date of filing:	Pursuant to 60 will not be lis	95.0207 ited as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the earl	ier ol
ated	05/23/2018		
	11-41-11		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00