

218000203782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

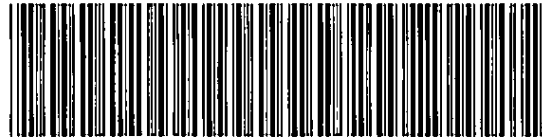
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 OCT 24 10 19 35

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MGD NURSING SOLUTIONS LLC**

\_\_\_\_\_  
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:

Mark Dansart

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10629 Grayson Ct.

\_\_\_\_\_  
Address

Jacksonville, Florida, 32220

\_\_\_\_\_  
City/State and Zip Code

markdansart@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
JAN 11 2005  
JAN 11 2005

For further information concerning this matter, please call:

Mark Dansart

904

562-8347

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**  
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

## 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mark G Dansart	10629 Grayson Ct., Jacksonville, Florida, 32220	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

7

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the document becomes effective on the date listed.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
 Note: If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the date must be specific and cannot be prior to date of filing or more than 90 days after filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 18, 2018

By order of Donor

Signature of a member or authorized representative of a member

**Mark G. Dunsen**

Typed or printed name of signer