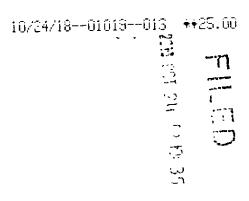
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COVER LETTER

	gistration Sec vision of Corp				
SUBJECT		SING SOLUTIONS LLC			
SOMECT	•	Name of Limi	ted Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Mark Dansart			
		.	Name of Person		
			Firm/Company	. ?	
		10629 Grayson Ct.			
			Address		· 2 i
		Jacksonville, Florida, 3222	0		
			City/State and Zip Code	 -	ب
		markdansart@aol.com			لى 1 .
		E-mail address: (to be used for future annual report notifi	cation)	
For further	information c	oncerning this matter, please co	all:		
Mark Dan			904 562-8347		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGD NURSING SOLUTIONS LLC	•	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on August 24, 2018	and assigned
Florida document number L18000203782		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		• • • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET ADD)	RESSI	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ter the name of the ne
Name - Chlou Desistered Aments		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mark G Dansart	10629 Grayson Ct., Jacksonville, Florida, 32220	Add
			□ Remove
		<u> </u>	Change
			D Add
			Remove
			Change
			Add
			Ghange
			□ Add
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ective date, if other the effective date is listed, the earlier inserted in ument's effective date or execute a pecifies a dense 90th day after the	late must be specification this block does on the Department and the Department belowed effective.	c and connot be prinot meet the appli of State's record	iceore sisting	त्र गगाष्टि (क्वरेगांस	iems, uns da	g.) Pursuan ta will not	be listed
October 18		2018					
		_,	Don	V	•		
	an						

Page 3 of 3

Filing Fee: \$25.00