## L1900039687

(Re	equestor's Name)	
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C. GOLDEN FEB 2 7 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SEL NUSING 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:			
Sarah Lopez Name of Person			
SEL NUSING LLC Firm/Company			
1620 W Oak Knoll Circle			
Davie, FL 33324 City/State and Zip Code			
angel 4954@aol. com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Sarah Lopez at (954) 296-5912 Name of Person Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Solution Status Solution Status Solution Status Solution Solution Status Solution Status Solution Solution Status Solution Solution Status S			

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

FILED

SEL NUSING.LLC.	2019 FEB 22 PM 6: 46
SEL NUSING LLC (Name of the Limited Liability Compar (A Florida Limited L.	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000039687</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
SEL NURSING, LLC The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office unaress MOST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Maning data Cost WITTED DON	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

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

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	
· <u> </u>			∩ Add	
			☐ Remove	
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	2.18.19
	Signature of a member or authorized representative of a member
	Salah Lonez
	Sarah Lopez Typed or printed name of signee

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Filing Fee: \$25.00