

L19000067 246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

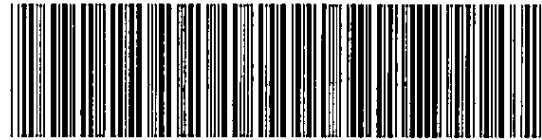
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 26 PM 12:10

Amend/ name change

SEP 07 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERNATIONAL 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:

BEVERLY H BONAPARTE

Name of Person

INTERNATIONAL NURSING SOLUTIONS

Firm/Company

1032 HAMPSTEAD LN

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

bbonaparte39@gmail.com

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

For further information concerning this matter, please call:

Beverly H Bonaparte

386 237-0028

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
STATE
SECRETARY OF CORPORATIONS
19 AUG 26 PM 12:10

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLOBAL NURSING & HEALTH CONSULTANTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 8, 2019 and assigned
Florida document number L19000067246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTERNATIONAL NURSING SOLUTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1032 HAMPSTEAD LANE

(Principal office address MUST BE A STREET ADDRESS)

ORMOND BEACH, FL 32174

Enter new mailing address, if applicable:

1032 HAMPSTEAD LANE

(Mailing address MAY BE A POST OFFICE BOX)

ORMOND BEACH, FL 32174

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

(no change)

New Registered Office Address:

1032 HAMPSTEAD LANE

Enter Florida street address

ORMOND BEACH

City

, Florida 32174

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

[illegible]

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

Article III

Other provisions section should read:

INTERNATIONAL NURSING SOLUTIONS, LLC IS A GLOBAL FIRM THAT PARTNERS WITH CLIENTS
TO ENSURE THE DEVELOPMENT OF SUSTAINABLE HEALTH CARE SYSTEMS THAT MEET THE
NEEDS OF THE POPULATIONS IN DEVELOPING COUNTRIES

E. Effective date, if other than the date of filing: _____ **(optional)**

(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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

August 23, 2019

Beverly H. Bonaparte

Signature of a member or authorized representative of a member

BEVERLY H BONAPARTE

Typed or printed name of signee