# 119000121433

(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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Special Instructions to Filing Officer:	
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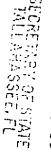
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## **COVER LETTER**

TO:	Registration S Division of Co			
erin ir		RSING CARE SERVICES, LLC	>	
SUBJEC	-1; <u> </u>	Name of Limit	ted Liability Company	
The encl	osed Articles (	of Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all corres	pondence concerning this matter t	o the following:	
		CLARA MONFORT		
		1ST NURSING CARE SE	Name of Person ERVICES, LLC	
		10335 SW 50TH CT	Firm/Company	
		COOPER CITY, FL 3332	Address 28	
		1STNURSINGCARESER	City/State and Zip Code VICES@GMAIL.COM o be used for future annual report notif	
For furth	ner information	E-mail address: (t concerning this matter, please ca	·	ication)
	MONFORT	, same and provide a second	786 451-1483at ()Daytime	
	Name	of Person	Area Code Daytime	: Telephone Number
Enclosed	d 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:

TO:

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

#### 1ST NURSING CARE SERVICES, LLC

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

(	Zimino Zimoniny Gempany)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 05	(06/2019	and assigned	
Florida document number L19000121433				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	esignation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>		<b>201</b>	
			7Z	
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)				
			<del>1</del> σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:	<u>'ess here</u> ;	our records, enter		
New Registered Office Address:				
New Registered Office Address.	Enter Flor	ada street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of gent as provided for in (	my duties, and I am fo Thapter 605, F.S. Or,	umiliar with and if this document is	
	If Changing Registered Ag	ent, Signature of New Re	zistered 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 CLARA MONFORT 10335 SW 50TH CT MGR COOPER CITY, FL 33328 **■** Add \_\_□ Remove \_\_ 

Change \_□ Add \_□ Remove ☐ Change \_\_ 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove \_□ Change  $\square$  Add ☐ Remove

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	06/18/2019
(If an ei Note:	tive date, if other than the date of filing:
the re ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	I
	Standard of a member or authorized representative of a member
	CLARA MONFORT

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Filing Fee: \$25.00