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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kathleen@elitenursingny.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE NURSING OF FLORIDA LLC

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AMENDED AND RESTATED ARTICLES OF ORGANIZATION

FOR

ELITE NURSING OF FLORIDA LLC

(A Florida Limited Liability Company)

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Act, the undersigned, being the Manager of ELITE NURSING OF FLORIDA LLC (hereinafter "Company"), a Florida Limited Liability Company, and desiring to amend and restate its Articles of Organization, does hereby certify:

FIRST: The Articles of Organization of the Company were filed with the Secretary of State of Florida on May 16, 2019, Document number L19000126493.

SECOND: These Amended and Restated Articles of Organization, which supersede the original Article of Organization and all amendments to them, were adopted by all Members of the Company.

THIRD: This Limited Liability Company is organized under the provisions of Fla. Stat. Chapters 605 for the purpose of providing such professional services as hereafter specified for effect the foregoing, the text of the Articles of Organization is hereby restated and amended as herein set forth in full:

ARTICLE I

Name

The name of the Limited Liability Company is: ELITE NURSING OF FLORIDA_LLC the Company).

ARTICLE II. Address

The mailing address and street address of the principal office of the Company is:

350 Horizons East APT #210 Boynton Beach, FL 33435

ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel LawPLLC 360 Central Avenue #800 Saint Petersburg, Florida 33701

(CONTINUED)

Page 1 of 2

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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..

Huary Zalla

FL Patel Law PLLC (sign)

ARTICLE IV. Purpose

The sole and specific purpose of the company is the practice of professional nursing.

ARTICLE V. Management

The Name and Address of each person authorized to manage and control the Limited Liability Company:

AMBR = Authorized Member MGR = Manager	Name and Address
MGR	Kathleen Coffey Steimel 437 Andrews Road Mineola, New York 11501
MGR	Margaret Weber 437 Andrews Road Mincola, New York 11501

ARTICLE VI.

The Effective date shall be the date of filing.

Authorized Representative/Member (sign

Authorized Representative/Member

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.

Kathleen Coffey Steimel	_
Authorized Representative/Member	