L19 000147480

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COVER LETTER

	tration S on of Co	ection rporations	4 -		
SUBJECT:	Cow	art/Nielson Legal Nurse Consu	illants , LLC		
	_	Name of Lir	mited Liability Company		
The enclosed A	rticles of	Amendment and fee(s) are sui	bmitted for filing.		
Please return all	I согтевря	ondence concerning this matter	r to the following:		
		Tracy Cowart			
			Name of Person		
		Cowart/Nielson Legal Nu	rse Consultants		
			Firm/Company		
		10107 Authors Way		ZI JUI	
			Address	-9 ARY AHA	
		Orlando, FL 32832		(2)	4
			City/State and Zip Code	PHI2: 06 OF STATE SEE, FL	ď
		tracy@cowartlegalnurse.co			
For further infor	mation c	e-mail address: (to be used for future annual report noticall:	fication)	
Tracy Cowart			407 446-4041		
· -	Name o	f Person		e Telephone Number	
Enclosed is a che	eck for th	e following amount:			
□ \$25.00 Filin	g 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)	
	Address		Street Address: Registration Sec	ction	
Divisio	on of C	orporations	Division of Con		
	lox 632° assee F	7 °L 32314	The Centre of T		
ranani	maace, I	U 26317	4410 N. Monroe	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cowart/Nielson Legal Nurse Consultants, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our lited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/03/2019	and assigned
Florida document number L19000147480		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	hability company here:	
Cowart Legal Nurse, LLC		
he new name must be distinguishable and contain the words "Limited I	liability 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	5)	
Inter new mailing address, if applicable:		B2I JUL -9 SECRETARY
Mailing address MAY BE A POST OFFICE BOX)		S 20 P D
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	City	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
MGR	Katelyn Nielson	10107 Authors Way	□Add
		Orlando, FL 32832	≅ Remove
			Change
			□Add
			□Remove
			SE JULI
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			Remerce 12:
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Tective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block does becoment's effective date on the Department	ific and cannot be prior to s not meet the applica	a data of filing as some	(option than 90 days after fil equirements, this d		9 605.020 Histed a
ecord specifies a delayed effective date, b is filed.	out not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
July 3rd	2021				
(^				
Jaan Colu	e of a member or author.				

Filing Fee: \$25.00