

L19000 184 317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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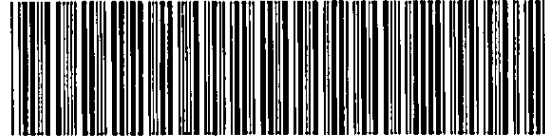
(Business Entity Name)

(Document Number)

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2019 AUG 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V SULKER

AUG 23 2019



7/30/2019

Arti & Devang Modi,

As of 8/13/19, you have agreed to purchase Legal Nurse Consulting Solutions from me. Our physical address is 3249 W. Cypress Street, Tampa, Florida 33607. As part of the sales agreement, I will discontinue using the business name of Legal Nurse Consulting Solutions. I will change the name of my company with the State of Florida, Department of State, Division of Corporations. You must contact the State through Sunbiz.org, Forms & Fees section, and then enter your company either under Corporations or LLC section based on your preference. I spoke with them on the phone and was told that you utilize this letter of permission from me as prior owner to release the name to you. I was told they hold the name for 1 year unless there is a permission letter from the prior owner. You have my permission for this name and they may contact me if necessary to validate.

Sincerely,

Rose Marie Harvey

Rose Marie Harvey
President/Owner
Legal Nurse Consulting Solutions, LLC
Cell 813-849-8362

COVER LETTER

**TO: Registration Section
Division of Corporations**

MODI CONSULTING 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:

ARTI MODI

Name of Person

MODI CONSULTING LLC

Firm/Company

37 BALMORAL DRIVE

Address

PITTS TOWN, NJ 08867

City/State and Zip Code

MISARB@GMAIL.COM

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

For further information concerning this matter, please call:

ARTI MODI

410 258-1501

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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:
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**

MODI CONSULTING 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 7/30/2019 and assigned
Florida document number L19000184317.

This amendment is submitted to amend the following:

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

LEGAL NURSE CONSULTING SOLUTIONS, L.L.C

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:

3249 W. Cypress Street, Suite B

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33607-5153

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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>	<u>Type of Action</u>
_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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.

Dated August 14th, 2019.

Signature of a member or authorized representative of a member

Typed or printed name of signee