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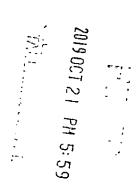
(Requ	estor's Name)	
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp			
CHD 1C		RACTIONER ON DEMEND	LLC	
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		NADINE MCFARLANE		
		NURSE PRACTIONER ON	Name of Person DEMEND LLC	
		6801 NW 46 CT	Firm/Company	
		LAUDERHILL, FL 33319	Address	
		nadinegmcfarlane@gmail.co	City/State and Zip Code om	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please co	all:	
NADINE MCFARLANE		954 2970740 at ()		
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e following amount:		
≡ \$25.	.00 Filing Fec	☐ \$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

NURSE PRACTIONER ON DEMAND LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/3/2019	and assigned
Florida document number L19000222343		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2011 2-1-17
		7.1
		72
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
ATTENDED TO THE BOAT		ः श
		29
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> :	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	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>	Address	Type of Action
AMBR	NADINE MCFARLANE	6810 NW 46 CT LAUDERHILL, FL 33319	
			П.В
			Characa
AMBR	IAN SMITH	6810 NW 46 CT LAUDERHILL, FL 33319	
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	specific and cannot be prior does not meet the application.	to date of filing or more t	(optional) han 90 days after filing.) Pursu quirements, this date will n	ant to 605.020 ot be listed a
e record specifies a delayed ef The 90th day after the record		t an effective time	e, at 12:01 a.m. on th	ne earlier
OCTOBER 19	2019	<u> </u>		
X : /	Vadine I	4: Fortan	ie.	
- Sio	nature of a member or author	rized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00