## L19000231489

(Red	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Doc	cument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200343900942

Q4/36/26--81014--012 \*⇒55.88

7070 T. 1 20 PM 6: 01

Amund CC

MAY 1.4 2020 I ALBRITTON

#### MedGov Staffing LLC Staffing Augmentation Services

Attn: Florida Secretary of State

4/29/2020

#### **Instructions details**

#### 1st Request

MedGov Staffing LLC are requesting that the attached "Amendment - Articles of Organization" be process first and updated in the FL Secretary of State business filing

- Please remove Mr. Edward W Silvanic II as a Member of MedGov Staffing LLC (company).
- Please remove Mr. Edward Silvanic II as the Registered Agent on file and replace the new Agency listed below:

Registered Agents Inc. 7901 4th St. N. STE 300 St. Petersburg, FL 33702

#### 2ND Request:

Please see the attached "Articles of Conversion for Florida Limited Liability Company Into "Converted or Other Business Entity".

Lam moving and relocating the company to the "State of Louisiana" in May 2020, and will be domiciled / registered / operating in the state of Louisiana come May 15, 2020

Please Record the documentation and send all copies of all recorded documents to this address listed below:

C/O Janet T. Berry MedGov Staffing, LLC 7509 Sage Meadow Dr. Denham Springs, LA 70726 P. 225-772-2576

Email: jberry a medgovstaffing.com

Thank you

Designent

MedGov Staffing, LLC

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Ned Gov Sta	A Liability Conylady	*
(	Amendment and fee(s) are submindence concerning this matter to		
	JA	Name of Person	
	Med	Gov Staffir	g, LLC
	7509	Sage Mea	dow
	iberry	ham Spring City/State and Zip Code Cmediaovst	affig. com
For further information co	E-mail address: (to oncerning this matter, please call		ication)
Jonet Name o	Berry Person	at ( <u>2,35)</u> <u>7,7</u> Area Code Daytimo	2-2576 Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF			
(Name of the Limited L (A F	iability Company Torida Limited Lia	Staff as it now appears on out bility Company)	fecords.)	<u>.                                    </u>
The Articles of Organization for this Limited Liabil Florida document number	lity Company w カオノ4ダ	ere filed on <u>9/12</u>	/2019	and assigned
This amendment is submitted to amend the following		/ /		36
A. If amending name, enter the new name of the	_	ty company here:		P. 6:0
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	2:	7509 5	age 1/	radow
(Principal office address MUST BE A STREET A	DDRESS)	1)enhan	z Spr	10726
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>	7509 SA DenhAN	ge Mra 1 \$ pl	Ings LA
B. If amending the registered agent and/or regis		dress on our records,	enter the nam	e of the new registered
agent and/or the new registered office address he	<u>ere</u> :			
Name of New Registered Agent:	Registered A	Agents Inc.		
New Registered Office Address:	7901 4th St	N STE 300 Enter Flyrida street	address	
	St. Petersbu	,	Florida3	33702 Zip Code
New Registered Agent's Signature, if changing Regis				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register	nd complete p	erformance of my duta	ies, and I am f	amiliar with and

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>	Name	Address		Type of Action
AMBR	Name EDWARd W Silvani	CI	8094 Foxfail Loop	<b>_</b> _ □Add 
			PensAlola, Fl	Remove
				☐ □Change
				🗆 Add
		· ·		□Remove
				□Change
				□Add
				□Remove
				□Change
				🗆 Add
				□Remove
				□Change
				□Add
			<del></del>	□Remove
				□ Change
	<del></del>			🗆 Add
				□Remove
				Change

				-			
		7-					
						<del></del>	
						<del></del>	
	<u>-</u> .					<del>_</del>	
(ote: If the date insocument's effective	ted, the date must be erted in this bloc edate on the Dep	e specific and cannot k does not meet the artment of State's r	applicable statu ecords.	itory filing requir	ements, this date	.) Pursuant to 605.6 will not be liste	d as the
is filed.	elayed effective $\frac{g}{2020}$	date, but not an effe	ective time, at 12	:01 a.m. on the e	arlier of: (b) Th	ne 90th day after	the
	/ Si	appetire in a member	or authorized repr	resentative of a mer	mily		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)