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SECRETARY OF STATE

OF CORPORATIONS

OF CORPORATIONS

10 CET WIS 2012

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations JANIS DONAHUE DNP LLC EIN#84-3574031 SUBJECT: 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: JANIS DONAHUE Name of Person Firm/Company 18231 SW 65TH LOOP Address DUNNELLON, FL 34432 City/State and Zip Code JANISDNP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANIS DONAHUE Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JANIS DONAHUE DNP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000262597	were filed on 10/18/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
YOUR DOCTOR IS A NURSE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18231 SW 65TH LOOP	
(Principal office address MUST BE A STREET ADDRESS)	DUNNELLON, FL 34432	
Enter new mailing address, if applicable:	18231 SW 65TH LOOP	
(Mailing address MAY BE A POST OFFICE BOX)	DUNNELLON, FL 34432	
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date of filing: 10/10/2022 (optional) (if an effective date, it 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the variet of: (b) The 90th day after the rel is filed. April / 2 Dated 4//2/2002 2003 Signification of a member of authorized representative of a member DANIS DONAHUE - AUTHORIZED MEMBER	-	
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Filing Fee: \$25.00