

L20 000002400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

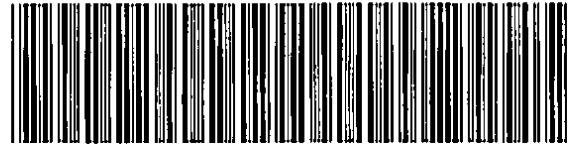
(Document Number)

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JAN 19 2021

2021 JAN 19 PM 12:04

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O SIMMONS  
JAN 27 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2020

ALEXANDER STEPHENS  
6547 KENAVA LOOP  
PALMETTO, FL 34221

SUBJECT: NURSING PROS ,LLC  
Ref. Number: L20000002400

We have received your document for NURSING PROS ,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please provide the purpose of which you hold a professional license for.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 020A00022963

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nursing Pros, 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:

Alexander Stephens  
Name of Person

\_\_\_\_\_  
Firm/Company

6547 Kenava loop  
Address

Palmetto Florida 34201  
City/State and Zip Code

AlexanderStephens13@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Stephens at (856) 899-9910  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

LED

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company) SEC. 2

This amendment is submitted to amend the following:

Nursing Pro. PLLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

(Mailing address MAY BE A POST OFFICE BOX)

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

MGR = Manager  
AMBR = Authorized Member

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2021 JAN 19 PM 12:04

Type of Actio

Title

Name \_\_\_\_\_

Address

CONFIDENTIAL

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove

Change

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

The purpose of the amendment is to amend the home health company. The purpose of the home health company will be to provide healthcare services in the community.

2021 JAN 19 PM 12:04

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer