

L 20000027807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

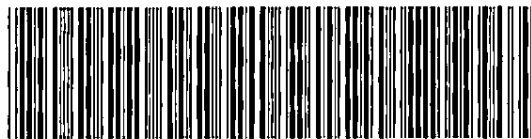
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2020 FEB 20 PM 6:56

FILED

C. GOLDEN

MAR 23 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RNRX NURSING SOLUTIONS, 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:

Linda Solomon, Owner, MGR

\_\_\_\_\_  
Name of Person

RNRX NURSING SOLUTIONS, LLC

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

1001 Starkey Rd, Lot 340 Jamaica

\_\_\_\_\_  
Address

Largo, FL 33771

\_\_\_\_\_  
City/State and Zip Code

solomonl9085@gmail.com

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

For further information concerning this matter, please call:

Linda Solomon

727 727-744-9085  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2020

LINDA SOLOMON  
1001 STARKEY ROAD  
LOT 340 JAMAICA  
LARGO, FL 33771

SUBJECT: RNRX NURSING SOLUTIONS, LLC  
Ref. Number: L20000027807

2020 MAR 20 PM 1:25

REC'D - 20

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

*Done 3/13/20*  
The document must be signed by a member or an authorized representative of a member.

✓ The name of the person signing the document must be typed or printed beneath or opposite the signature.

✓ 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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 320A00005316

*The last pages say \$25 fee which I included,  
however I have previously paid \$60  
I wasn't sure but included to prevent any delay  
in processing. Thank you*

*Linda Solomon / Louis Klugowski  
mgr/owner mgr*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RNRX NURSING SOLUTIONS, LLC

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

20201117 20 PM 6:56

The Articles of Organization for this Limited Liability Company were filed on 1/22/2020 and assigned  
Florida document number L20000027807.

This amendment is submitted to amend the following:

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

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:**

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

**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*

*City*

**Florida**

*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**

**AMBR = Authorized Member**

[illegible]

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

EIN 84-4696631 effective 2/12/2020

1. The purpose of this amendment is to add the owner as a manager to meet requirements of financial institutions.

2. Add the above EIN

**E. Effective date, if other than the date of filing:** 1/22/2020 **(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 3/18/20 . 2020 .

Louis Kluzynski  
Signature of a member or authorized representative of a member

LOUIS KLUZYNSKI  
Typed or printed name of signer