Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NURSECARE HOMECARE LLC

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Electronic Filing Menu

Corporate Filing Menu

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MAY 1.5 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NURSECARE HOMECARE LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our tecore ted Liability Company)	<u>(x.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number L20000094272	any were filed on <u>04/01/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NURSECARE STAFFING LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "Li G	Of or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	fice address on our records, ente	2020 HAY ILL SECRETALLY On new Degist r the name of the new Degist
agent and/or the new registered office address here:		STATE LORIDA
Name of New Registered Agent:		
New Registered Office Address:	Erwr Florida street addr	ess
	, F	Florida
	City	Zıp 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. Thereby confirm that the limited liability company has been notified in writing of this change.

H Changing Registered Agent, Signature of New Registered Agent

-age - or o

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

Title	<u>Name</u>	Address	Type of Action
AMBR	MARTISHA A. JEFFERSON	19820 WELLINGTON MANOR BLVD.	aAdd
	, -	LUTZ, FL 33549	□Remove
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d is filed.	cities a delayed cite						
X 1	- 13		2020				
Dated May	<u> </u>			16 -0	,		

Typed or printed name of signed

MARTISHA A. JEFFERSON