

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	· -
(5	domess Emily Name,	
(D	ocument Number)	
Certified Copies	Certificates of	Status
 -		 -
Special Instructions to	Filing Officer:	





06/10/24--01022--013 **25.00



COVER LETTER

TO:

TO:	Registration Sec Division of Corp				
		WHOLE	NURSING, LLC		
SUBJI	ECT:	Name of Limit	ed Liability Company		
		Amendment and fee(s) are subm			
			DONNA AVERBECK		
			Name of Person		
			Firm/Company		
			3033 Gillespie Ave		
			Address		
			Sarasota, FL 34234		
			City/State and Zip Code		
			FloridaBizFiling@gmail.com o be used for future annual repor		
For fu	irther information c	oncerning this matter, please ca	ill:		
Donn	a		941 256-54 at ()		
	Name o	f Person	Area Code D	Daytime Telephone Number	
Enclo	sed is a check for t	he following amount:			
□ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	b Certified (e of Status &
	Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/CO Registration Division of C Clifton Build	Corporations	2029 JUN 10

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHOLE NURSE	NG, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our rec- liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000106916}{L20000106916}$.	were filed on $\frac{04/17/2020}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1343 Main Street Suite 705	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota FL, 34236	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1343 Main Street Suite 705 Sarasota FL, 34236	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change
		<u></u>	□ Add
			☐ Remove
			☐ Change
***************************************			Add
			☐ Remove
			☐ Change
			□ Remove
			Chânge
			Add ;
			☐ Remove
			Change

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		<u> </u>
f an effective d Note: If the	te, if other than the date of filing:	ptional) fier filing.) Pursuant to 605.0 this date will not be listed
ne record s The 90th	specifies a delayed effective date, but not an effective time, at $12:0$ day after the record is filed.	1 a.m. on the earlier
Dated2	2024-06-04	
/ARCU		2025
	DONNA AVERBECK Signature of a member or authorized representative of a member	<u> </u>
		· <u></u>
	DONNA AVERBECK	į ~
_	Typed or printed name of signee	INO E

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Document Ref: 84HTM-EJJC2-MHHZS-U5ETV