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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ddress)	
(Cil	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Y. SCOTT DEC 1 1 2021

### **COVER LETTER**

TO:	Registration Section Division of Corporations	
cupu	That Shoetaile -120	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Simone Denton Name of Person	
	Firm/Company	
	411 NW 39 th ave  Address  1 2 2 0 6 2 7 7	7
	Plantation, fl 33063  City/State and Zip Code  Sim de nton 1@ amail Com:	7
	Sim denton 1@ gmail. Com?	7
For fu	rther information concerning this matter, please call:	
<u> </u>	Name of Person at (954) 806-2024  Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
<b>√</b> \$2	25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing	

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

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

That Shoetig	<del>-</del>
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2/00087599</u>	were filed on <i>February 33, 2021</i> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Travel Nurse Apartn  The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2931 Crestwood terr Margate, FL 33063
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1931 Crest wood ferr margate, FL 33663
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2 7
New Registered Office Address:	Enter Florida street address 📉
	, Florida Citv Zip Code
New Degistered Agent's Signature if changing Pegistered 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

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
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amending any other information, enter change(s) here: (Attach additional	ai sneeis, ij necessai	'y.)	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more	optional e than 90 days after filing	) g.) Pursuant to (	605.02
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing to ocument's effective date on the Department of State's records.	requirements, this dat	e will not be l	listed
·			
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m.	on the ea	rlier
ated November 13 2021			
Symone Denton			
Signature of a member or authorized representative of	i a member		
$\alpha$ .			

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