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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	NURSING STAFFING, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company et enclosed Articles of Amendment and fec(s) are submitted for filing. ase return all correspondence concerning this matter to the following: PARAISON, MARIO Name of Person THE ALL NURSING STAFFING, LLC Firm/Company 1617 HENDRY ST STE 207 FORT MYERS, FL 33901 Address Fort Myers, FL 33901 City/State and Zip Code tmarioparaison@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ARIO PARAISON Name of Person Area Code Daytime Telephone Number Plosed is a check for the following amount: 1 \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:		
Please return all correspo	ondence concerning this matter	to the following:	
	PARAISON, MARIO		
		Name of Person	
	THE ALL NURSING STA	AFFING, LLC	
		Firm/Company	
	1617 HENDRY ST STE 2	07 FORT MYERS, FL 33901	
		Address	
	Fort Myers, FL 33901		
		City/State and Zip Code	· ·
			·
		-	incation)
For further information c	oncerning this matter, please c	all:	
MARIO PARAISON			
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

231 37 6 8: 33 THE ALL NURSING STAFFING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/21/2021 _ ___ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ALL NURSING STAFFING, LLC 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 ___, Florida ___

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 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>	Name	Address	Type of Action
			□ Adđ
			□Remove
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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	ock does not meet the appl	icable statutory filing req	(optional) an 90 days after tiling.) Pursus airements, this date will no	ant to 605.02 of be listed :
ord specifies a delayed effective filed.	; date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after th
DECEMBER 27	2023			
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