121000273657

(Requestor's Name)
(Address)
-
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/Filosie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Harrises)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900373046089

09/13/21--01035--025 **55.00

COVER LETTER

):

Registration Section Division of Corporations

EB Nursing College LLC JBJECT: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Maya Torres Name of Person **Business Services USA** Firm/Company 7230 Linden Ave. Address Las Vegas, NV 89110 City/State and Zip Code murphy89014@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: aya Torres Daytime Telephone Number Name of Person closed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & **■** \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address: Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

EB Nursing College LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
e Articles of Organization for this Limited Liabil rida document number <u>L21000273657</u>		and assigned
rida document number	·	
is amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	e limited liability company here:	
Nursing Training School LLC		
new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
ter new principal offices address, if applicable	e:	
incipal office address MUST BE A STREET A	(DDRESS)	
ter new mailing address, if applicable:		
	V)	
ailing address MAY BE A POST OFFICE BO.	<u> </u>	
If any adica the peristened egent and/or region	stered office address on our records, enter the nam	e of the new register
nt and/or the new registered agent and/or regisent and/or the new registered office address h		e of the new register
Name of New Registered Agent:		'
Name of New Registeres Agent.		••
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	PANET FIORITA MITEEL ARAITESS	,
_	, Florida	Zip Code;-
	· ·	zą couc
w Registered Agent's Signature, if changing Regi	stered Agent:	
ovisions of all statutes relative to the proper a cept the obligations of my position as register	gent and agree to act in this capacity. I further agi und complete performance of my duties, and I am f red agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lin unge.	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			DAdd
			□Remove
			□Add
			□Remove
144.0			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			Change

						
	<u></u>					
	<u></u>					
						
						
		· .				
			_	-		
		 				
		· ·				
					<u></u>	 _
						
	 					
						
ctive date, if othe effective date is listed. e: If the date inserte the ument's effective date.	the date must be sped in this block do	ecific and cannot be ses not meet the a	e prior to date of fil applicable statuto	ing or more than 90 ry filing requiren	(optional) days after filing.) Purs tents, this date will	uant to 605.0207 not be listed as
eord specifies a dela filed.	yed effective date	, but not an effec	tive time, at 12:0	1 a.m. on the earl	ier of: (b) The 90t	h day after the
30 August		2021		ſ		
	(_	byle (Dunin			
	Signa	ture of a member b	r authorized repres	entative of a memb	er	

Filing Fee: \$25.00