## LZ1000315155

(Requestor's Name)
(Address)
(Address)
· · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
8/128/30N
D //-
<i></i>

Office Use Only



300373176973

09/17/21--01004--021 \*\*25.00





# zenbusiness

Sep 13, 2021

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Palm Beach Legal Nurse Consultants LLC

To Whom It May Concern:

Attached please find the executed **CERTIFICATE OF AMENDMENT** for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Jenny Countz 5511 Parkerest Dr., Suite 207 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Jenny Countz
ZenBusiness Customer Success

### **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		Legal Nurse Consultants LLC		
oob.net.			ted Liability Company	<del></del>
The enclosed	Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Jenny Countz		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkcrest Dr., Suite 20	07	
		<del></del>	Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.com		
		E-mail address: (to	be used for future annual report notifica	ition)
For further in	iformation co	ncerning this matter, please ca	II:	
Jenny Count	x		844 493-6249 at ()	
-	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

FILED

Palm Beach Legal Nurse Consultants LLC

2021 SEP 17 AH 1:28

(Name of the Limited Liability Company as it now appears on our records by T. Ur. S. LATTER (A Florida Limited Liability Company) FALL AHASSEE, FIGURE The Articles of Organization for this Limited Liability Company were filed on 07/09/2021\ and assigned Florida document number  $\frac{1.21000315155}{1.21000315155}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1615 S. Congress Avenue Enter new principal offices address, if applicable: #103 (Principal office address MUST BE A STREET ADDRESS) Delray Beach, FL 33483 1615 S. Congress Avenue Enter new mailing address, if applicable: #103 (Mailing address MAY BE A POST OFFICE BOX) Delray Beach, FL 33483 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 <u>\_\_\_</u>

#### 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.

City

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>	<u>Address</u>	Type of Action
AMBR	Harolyn Scott	1615 S. Congress Avenue	Add
		#103	
			□ Remove
		DELRAY BEACH, FL 33445	
MGR	Harolyn Scott	1615 S. Congress Avenue	
		#103	Add
			□ Remove
		DELRAY BEACH, FL 33445	☐ Change
			Add
			□ Remove
			☐ Change
<del></del>			
			□ Remove
			Change
			Add
			☐ Remove
			Change
	<del></del>		
		<del> </del>	☐ Remove
			☐ Change

Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier to). The 90th day after the record is filed.
Dated September 13 2021
/s/ Harolyn Scott Signature of a member or authorized representative of a member
Harolyn Scott  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00