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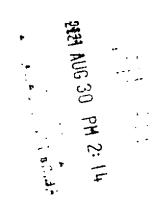
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COVER LETTER

	porations	,	
Luxe Conc	ierge Nurses LLC	·	
· ;	Name of Lim	nited Liability Company	
sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
irn all correspo	ndence concerning this matter	to the following:	
	Filing Yolanda		
		Name of Person	
	ZenBusiness Inc		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
5511 Parkerest Dr., Suite 207			
		Address	_
	Austin, TX 78731		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	fulfillment@zenbusiness.co	าเก	
	E-mail address: (to be used for future annual report notifi	cation)
r information c	oncerning this matter, please co	all:	
landa		844 493-6249 at ()	
Name o	f Person		Telephone Number
s a check for th	ne following amount:		
Filing 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
	r information collanda	sed Articles of Amendment and fee(s) are substrain all correspondence concerning this matter Filing Yolanda ZenBusiness Inc 5511 Parkerest Dr., Suite 1 Austin, TX 78731 fulfillment@zenbusiness.cc E-mail address: (r information concerning this matter, please c landa Name of Person s a check for the following amount: 0 Filing Fee \$30.00 Filing Fee &	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. Irm all correspondence concerning this matter to the following: Filing Yolanda Name of Person ZenBusiness Inc Firm/Company 5511 Parkerest Dr., Suite 207 Address Austin, TX 78731 City/State and Zip Code fulfillment@zenbusiness.com E-mail address: (to be used for future annual report notifing information concerning this matter, please call: landa at (

MAILING ADDRESS:

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

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

ARTICLES OF ORGANIZATION **OF**

Luxe Concierge Nurses LLC		
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000349136	were filed on <u>08/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" o	or the abbreviation "L.l.,C."
Enter new principal offices address, if applicable:	1293 N. University Dr #170	
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33071	
Enter new mailing address, if applicable:	1293 N. University Dr. #170	PER AUG
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, FL 33071	30 PH
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		2:
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
AMBR	Danielle Ducheine		
			Remove
		1293 N. University Dr #170 Coral Springs, FL 33071	
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Note: If the date inserted in this document's effective date on the the record specifies a delay	nust be specific and cannot be prior to date of filing or more to block does not meet the applicable statutory filing research to be applicable statutory filing research to be stated as a second of State's records.	quirements, this date will not be listed a
o) The 90th day after the r		
Dated	. 2021	
/s/ Danielle Ducł		
	Signature of a member or authorized representative of a	member
Danielle Ducheine, M	Aember	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00