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(shown below) on the top and bottom of all pages of the document.

(((H210004077013)))



H210004077013ABCVV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

**Ente	r the	email	address	for th	is bus	iness	entity	to	be u	ısed	for	future
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAREWAY HEALTHCARE STAFFING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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

Careway Healthcare 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 09/02/21 and assigned and assigned
Florida document number <u>L21000393131</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13180 N Cleveland Ave #306
(Principal office address MUST BE A STREET ADDRESS)	North Fort Myers, FL 33903
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	Florida
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and orovided for in Chapter 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date of an effective date is listed, the date must be speciote: If the date inserted in this block do occument's effective date on the Departm	es not meet the applicable :	e of filing or more than 90 d statutory filing requireme	_ (optional) ays after filing.) Pursu ents, this date will no	ant to 605,020 at be listed a
record specifies a delayed effective date. Lis filed.	but not an effective time.	it 12:01 a.m. on the earlie	er of: (b) The 90th	day after the
November 3	2021			
	ure of a member or authorized			

Filing Fee: \$25.00