

L21000 400034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

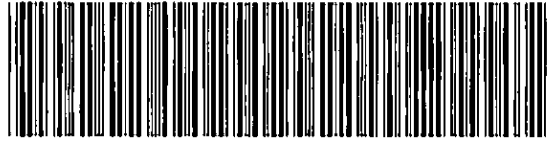
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Certificates of Status ☒

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AUG 26 2022

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08/26/22--01004--018 \*\*50.00

08/26/22--01004--018 \*\*10.00

FILED  
2022 AUG 26 PM 12:34  
2022 AUG 26 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EZMEADRESOURCES, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Ferrier  
Name of Person

Sayer Medical Staffing LLC  
Firm/Company

1000 W. McNab Rd Ste 254  
Address

Pompano Beach, FL 33069  
City/State and Zip Code

Sayermedicalstaffing@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Ferrier  
Name of Person

at 305 833-5995  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2022 AUG 26 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

EZMED Resources 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 9/9/2021 and assigned  
Florida document number L21000400034

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sayes Medical 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)

1000 W. McNab Rd Ste 251  
Pompano Beach, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 W. McNab Rd Ste 254  
Pompano Beach, FL 33069

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:

1000 W. McNab Rd Ste 254  
Enter Florida street address  
Pompano Beach, Florida 33069  
City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Case	Initial State	Final State	Operation
1	...	...	<input type="checkbox"/> Add
2	...	...	<input type="checkbox"/> Remove
3	...	...	<input type="checkbox"/> Change
4	...	...	<input type="checkbox"/> Add
5	...	...	<input type="checkbox"/> Remove
6	...	...	<input type="checkbox"/> Change
7	...	...	<input type="checkbox"/> Add
8	...	...	<input type="checkbox"/> Remove
9	...	...	<input type="checkbox"/> Change
10	...	...	<input type="checkbox"/> Add
11	...	...	<input type="checkbox"/> Remove
12	...	...	<input type="checkbox"/> Change
13	...	...	<input type="checkbox"/> Add
14	...	...	<input type="checkbox"/> Remove
15	...	...	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

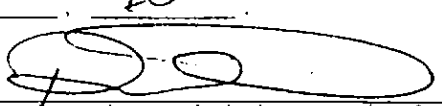
Please include the following EIN #  
88-3905276

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/26, 2022  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rebecca Ferrer  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00