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| (Requestor's Name) |
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Outreach Medical Staffing, LLC SUBJECT: 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: Amanda Ecklind Name of Person Outreach Medical Staffing Firm/Company 140 Orchid Woods Ct Apt 6B Address Deltona, FL 32725 City/State and Zip Code attentionamanda@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amanda Ecklind Name of Person Enclosed 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 Certified Copy Certificate of Status & 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

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Outreach Medical Staffing, LLC | | (1.1.7.) (1.1.7.) |
|---|---|---------------------------|
| (Name of the Limited Liah | bility Company as it now appears on our records.) | j: |
| (A Flor | rida Limited Liability Company) | (6) (7) (7) |
| The Articles of Organization for this Limited Liability | Company were filed on 11/16/2021 | and assigned |
| Florida document number 87-3638073 | | <u> </u> |
| | | 5 E |
| This amendment is submitted to amend the following: | : | . 37 |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | imited 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 AD) | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here | | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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

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 |
|--------------|--------------|---------------------------------------|----------------|
| VP | Emily Lucero | 6302 Bayhill Lane, Longwood, FL 32779 | = Add |
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| If amending any other inform | | | | | | |
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| Effective date, if other than the | he date of filing | 3: | 1 (.61) | (option | nal) | |
| Note: If the date inserted in this document's effective date on the | block does not n | neet ine appiicao. | le statutory filing | requirements, this | date will not be l | isted as t |
| e record specifies a delayed effect rd is filed. | tive date, but not | an effective time | e, at 12:91 a.m. or | the earlier of: (b) | · The 90th day a | fter the |
| 11.5 | | 2022 | | | T. T. | 7025 |
| Dated July 5 | | 2022 | | | | 2022 JUL |
| A | Amada | ELI | 1 | | តិ នេះ ក្រុ | 8 . |
| | Signature of a r | nember or authoric | red representative o | f a member | | AM II |
| Amanda Ecklind | | | | | 28. 28. | |

Typed or printed name of signee