

To:

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16506176333

From: ZenBusiness User

7/25/24, 11:48 AM

Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : ZENBUSINESS INC.
Account Number : 120230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CC NURSING EDUCATION AND CONSULTING LLC

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M. SOLOMON

JUL 25 2024

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Corporate Filing Menu

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18506176383

From: ZenBusiness User

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

CC Nursing Education and Consulting 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 12/16/2021 and assigned
Florida document number 1-21006521985.

This amendment is submitted to amend the following:

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

Florida Healthcare Consultants 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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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

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change

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