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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

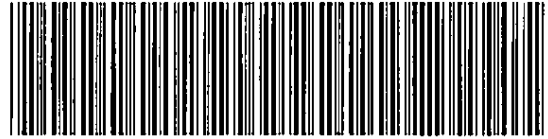
(Business Entity Name)

(Document Number)

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FILED  
2024 JAN 16 PM 12:02  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nurse Plus Staffing Agency 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:

TRISHA MORRISON  
Name of Person

Nurse Plus Staffing Agency  
Firm/Company

2749 Portchester Ct  
Address

Kissimmee FL 34704  
City/State and Zip Code

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

For further information concerning this matter, please call:

TRISHA MORRISON at (347) 886-7512  
Name of Person 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**

NursePlus Staffing Agency 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 1/25/2022 and assigned Florida document number L22000045736

This amendment is submitted to amend the following:

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

NURSE+STAFFING Agency 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)

2749 Portchester Ct  
Kissimmee FL 34744

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box  
702070  
St. Cloud Florida  
34770

**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:

TRISHA MORRISON

New Registered Office Address:

2749 Portchester Ct

Enter Florida street address

Kissimmee

City

Florida

34744

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 the 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.

FILED  
MAR 6 PM 12:02  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**



[illegible]

(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)

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 01/05, 2024

Lester Robinson  
Signature of a member or authorized representative of a member

TRISHA MORRISON  
Typed or printed name of signee