

L22000 109610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

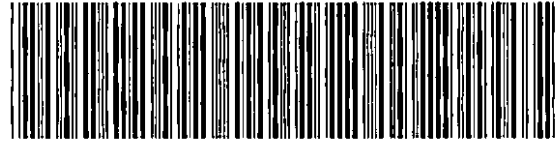
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MAR 29 2022

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2022 MAR 29 PM 3:55
2022 MAR 29 PM 4:06

ALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Right Now Nursing Solutions 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:

James E Ward Jr
Name of Person

~~Plutus Plutus Enterprise LLC~~
Firm/Company
~~1700 N Monroe St Suite 11-350~~
~~1700 N Monroe St Suite 11-350~~
Address
1700 N Monroe St Suite 11-350
Tallahassee, FL 32303
City/State and Zip Code

JamesEwardjr30@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James E Ward Jr at (850) 756-9204
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 MAR 29 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FL

Right Now Nursing Solutions 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 3/3/22 and assigned
Florida document number L2200069610.

This amendment is submitted to amend the following:

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

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)

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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Ward	1006 E Pine Forest DR	<input type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Leila Castro	1006 E Pine Forest DR	<input type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMSR	Monique Ward	1006 E Pine Forest DR	<input checked="" type="checkbox"/> Add
		Lynn Haven, FL 32444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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.


Signature of a member or authorized representative of a member

James E Ward SR
Typed or printed name of signer

Filing Fee: \$25.00