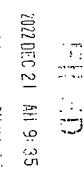
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COVER LETTER

Division of Corporations
SUBJECT: Abundant Life Medical Staffing 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:
Darlene M. Kennard Name of Person
Raydar Knterprise LLC
1230 Dakky Seaver Dr. Ste 101
City/State and Zip Code
Taydarenterorise 2 gmail. com Themail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 450-3956 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

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

·TO:

Registration Section

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

FHED

Abundant 1 fe	Liability Compar	ny as it now appears	2022 DEC 21	AM 9: 35
The Articles of Organization for this Limited Liabi	lity Company	were filed on	4/14/22	and assigned
Florida document number <u>L 220001803</u>	45		·	
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the Constant of the new name must be distinguishable and contain the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	s "Limited Liabil		ignation "LLC" or the ab	breviation "L.L.C." er Dr. Stell
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>).Y)</u>	1230 O	0 Kty Scorr , FL 34711	Dr. Ste 101
B. If amending the registered agent and/or registered affice address h	istered office a nere:	address on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1230	OOKley Enter Florid	da street address	te 101
	6/60	MCD)	, Florida	3 4 7 1 1 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 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
			□Add
			□Remove
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ite: If the date	if other than the date is listed, the date must be so inserted in this block of the date on the Depart	loes not meet the app	areable statutory is	(upti more than 90 days after ling requirements, thi	onal) filing.) Pursuant to 605.020 s date will not be listed a
ecord specifie is filed.	s a delayed effective dat	e, but not an effective	e time, at 12:01 a.i	n, on the earlier of: (b	o) The 90th day after th
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	Joseph Sign	ature of member or a	uthorized representa	tive of a member	
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