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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations
SUBJECT: All Nation Nussing CLC 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:
All Nathon Nursing LLC
1242. N.W. 125ts Terrace
Sunvise F1 33323 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Short Turner at 954 907-1725 Name of Person at 954 Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fec Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

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

4 1

(Name of the Limited Lightling Com	Sing LLC)	
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	18/30/22 and assi	anad
Florida document number	13592.	and assi	gued
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words Limited Lia	1000	1 (.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 agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name of the new i</u>	registere
Name of New Registered Agent:			
New Registered Office Address:	_		
	Enter Florida	street address	
-		, Florida	
New Registered Agent's Signature is	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Surve Florida	□Remove
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ecord specifies a delayed of is filed.	ffective date, but	not an effectiv	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day afte	r the
ted	2023	_·	<u> </u>				
		mure	<u></u>	sentative of a me			
	Signature of	ta member or a					

Filing Fee: \$25.00