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FILED
2023 NOV 14 AH III

A. BUTLER

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: Subject:	K Healthcare Staffing Services, LC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Cherail Ware-Stark
	Name of Person
	Firm/Company
	COLL TO Living To the Company
	5517 Leught Drive
	Fort Pierce F1 34947
-	Starkheathouse Services @ mail.com E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
Name of Pe	Wave-Stark at 413 333-1369 Area Code Daytime Telephone Number
Endowed in a short family for	
Enclosed is a check for the fo	·
□ \$25.00 Filing Fee (□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 Taliahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RIFO

Stark healthcare	Statting Territes, LC
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears of the records AFIII: 57
The Articles of Organization for this Limited Liability Company v Florida document number	
This amendment is submitted to amend the following:	/
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 adaptated and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
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 Title Type of Action elena Wynter 2403 South 23thst DAdd Fort Pierce, F1 34947 ZRemove herail Ware-stark 5514 Delight Dr Zadd Fort Pierce, F1 34947 Remove ____ □Change _ □Remove _ □Remove ☐Change

______ Remove

feetive date, if other than the date of filing: (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I Pursuant to 605 0207 10: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cannot's effective date on the Department of State's records.					
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ted Nov 14 2023.	ated Nov	14 20	23.		
Signature of a member or authorized representative of a member		Signature of a member or	authorized representative of	a member	
Chevail Stark		-	Story		