

12/9/22, 1:12 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22 000512430**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : USACORP INC.  
Account Number : 120130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

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TALLAHASSEE, FL  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: krystal.spalding@gmail.com

2022 Dec 9 1:24

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE REGISTERED PROFESSIONAL NURSING PLLC

Certificate of Status	0
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C. BRUMBLEY

DEC - 9 2022

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Corporate Filing Menu

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUNSHINE REGISTERED PROFESSIONAL NURSING PLLC

(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 12/07/2022 and assigned Florida document number 122000512430.

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)

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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: Krystal Spalding

New Registered Office Address: 7845 NE Bayshore Ct, Apt 4  
*Enter Florida street address*

Miami, Florida 33138  
*City 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.*

*/s/* Krystal Spalding

If Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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