## L23000072670

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Pharmacy	Recruitment Services		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristen Ivanov		
		Name of Person	
	Healthcare Recruitment So	ervices	
		Firm/Company	
	1973 Heart Lake Dr		
		Address	
	Groveland, FL 34736		
		City/State and Zip Code	
	kristenivanov@gmail.com E-mail address: (	to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please co	,	
Kristen Ivanov		at (_239) _300-3819	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C	orporations	Registration Sec Division of Cor	ction porations
P.O. Box 632	7	The Centre of T	

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24 JAN 22 AM 10: 37 Pharmacy Recruitment Services (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 1/30/23 Florida document number <u>L23000072670</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Healthcare Recruitment Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1973 Heart Lake Dr. Enter new principal offices address, if applicable: Groveland, FL 34736 (Principal office address MUST BE A STREET ADDRESS) 1973 Heart Lake Dr Enter new mailing address, if applicable: Groveland, FL 34736 (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:

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

1973 Heart Lake Dr.

Groveland

Enter Florida street address

\_, Florida <sup>34736</sup> Zip Code 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
			□Change
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Note: If th	ate, if other than date is listed, the date date inserted in th effective date on th	is block does no	or meet the a	pplicable s	of filing or me atutory filing	re than 90 days requirements	optional) after filing.) s. this date v	Pursuant to 605 vill not be list	5.0207 (3 ed as th
ne record spe ord is filed.	rifies a delayed effe	ective date, but r	not an effect	ive time, at	12:01 a.m. o	n the earlier c	of: (b) The	90th day afte	r the
Dated Janu	ır <u>y</u> 9	Winter	_ · 2024	·					
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-		Signature of	a member or	authorized	epresentative of	of a member			
		-							