1/8/24 4:34 PM Division of Comerations

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Account Number : I20010000062 Phone : (323)962-8600

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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.\*\*

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDSTAFF USA, LLC

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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		F USA, LLC		
SOBJEC		Name of Lim	ited Liability Company	<del></del>
The enels	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspe	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	***************************************
		Legalzoom,com, Inc.		
			Firm/Company	<del></del>
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			Address	<del></del>
		Glendale, CA 91203		
			City/State and Zip Code	
		joc@med-staffusa.com		
		E-mail address: (to	o be used for future annual report notifi	cation)
For further	er information co	oncerning this matter, please ca	H:	
Cheyenn	e Moseley		800 773-0888 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
D \$25.0	00 Filing Fee	☐ \$30.00 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)

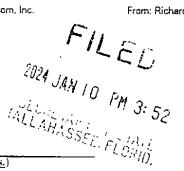
MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MEDSTAFF USA, LLC (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 03/14/2023 \_\_\_\_ and assigned Florida document number <u>L23000131933</u> 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 "LLC." 501 E Kennedy Blvd., Suite 1400, Tampa, FL 33602 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 501 E Kennedy Blvd., Suite 1400, Tampa, FL 33602 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: New Registered Office Address: Enter Floridastreet address

#### 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,

Cin

If Changing Registered Agent, Signature of New Registered Agent

\_\_. Florida \_\_\_

# 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
AMBR	Maggie A. Romero		<del>-</del>
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E. Effective date, if other (If an effective date is listed, if Note: If the date inserted document's effective date	ne date must be specific and in this block does not m	cannot be prior to date of fili sect the applicable statutor	option ng or more than 90 days after fil ry filing requirements, this d	ing.) Pursuant to 605,0207 (3)(b)	
if the record specifies a (b) The 90th day after	delayed effective do the record is filed.	ate, but not an effec	tive time, at 12:01 a.r	π. on the earlier of:	
Dated <u>Decembe</u>	r 18th	<u> 2623</u> .			
	<u>Ara</u>	BA-			
	Signalure of a m	nember or authorized represe	entative of a member		
	•				

Page 3 of 3 Filing Fee: \$25.00