

3/20/24, 5:16 PM

Division of Corporations

L23000132384  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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2024 MAR 21 AM 10:07

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2024 MAR 21 AM 10:39  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YOUR NURSE PROXY, PLLC

Certificate of Status	0
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Page Count	06
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Corporate Filing Menu

Help

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: YOUR NURSE PROXY, PLLC

\_\_\_\_\_  
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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City/State and Zip Code

shughes2009@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$50.00 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

YOUR NURSE PROXY, 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 03/14/2023 and assigned Florida document number L23000132384.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Whole Care Infusions PLLC

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)

1550 Lee Rd., Ste. 123B

Winter Park, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9650 Universal Blvd., A205

Orlando, FL 32819

**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 Florida street address*

Florida

*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.*

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 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>
AMBR	Shekifira Hughes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1850 Lee Rd., Ste. 122B Winter Park, FL 32789	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 3/17/2024 \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shekifira Hughes  
\_\_\_\_\_  
Typed or printed name of signee