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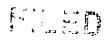
COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: NAL	Vigation H Name of Limit	Tealth care S	taffing LLC
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
		Name of Person Health care Firm/Company	taffing LLC
17	49 SE Flore	sta Dr. Purts Address	it Lucie, FL 34983
<u>(</u>	Christine Har	City/State and Zip Code Non \bigcirc	Com
For further information conc	erning this matter, please ca	11:	
hristine Har	Inon-Cook	at ()3	91 - 0599 aytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee 〔	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Matter Address		Stungt teldung	200

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR 28 AM 11:39 The Articles of Organization for this Limited Liability Company were filed on 3/17/23 and assigned Florida document number L 23000 13 7399 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) 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: hristine Hannon-Cook Name of New Registered Agent: Port St Lucie Florida street address

City Thr Code New Registered Office 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.

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 Title Name Address **Type of Action** MGR Steven Cook 1749 SE Floresta Dr DAdd

Remove ☐ Change _____ □Abb □ Remove ______Add □Remove _____ □Change □Remove ☐ Change _____ 🗆 🛴 🗀 Add _____ _ ___ ___ Remove ____ Change □Remove

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Note: 1	ce date, if other than the date of filing:	5.0207 (. ted as th
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afterd.	er the
Dated _	March 28 . 2023.	
	Signature of a member or authorized representative of a member	
	Steven Cook	