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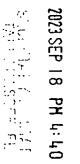
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Excellence Healthcare Staffing LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as <mark>it now appears on our records</mark> Clability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number \[\begin{align*} \lambda \frac{\lambda \frac{3000419400}{\lambda }}{\lambda	were filed on <u>09/15/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Premier Excellence Healthcare Staffing LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12562 Pine Marsh Way	780
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32226	S.C. 23 SE TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter</u> Enter Florida street addres	
		orida
New Registered Agent's Signature, if changing Registered Agent:	City:	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, at provided for in Chapter 605,	id I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
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Effective date, if	Other than the date of filing listed, the date must be specific and	g: (optional) I cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date i	nserted in this block does not n	neet the applicable statutory filing requirements, this date will not be listed as t
document's effecti	ve date on the Department of S	State's records.
ne 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
ord is filed.		
and the state of t		12:01 a.m.
09/15/2023		
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69/15/2023	1. 1	· ·
69/15/2023	1. 1	member or authorized tenresentative of a member
69/15/2023	1. 1	member of authorized representative of a member

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