P00000096402

(Requestor's Name)
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(City/State/Zip/Phone #)
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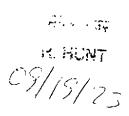
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: The Nurses Guild.	Inc.				
DOCUMENT NUN	1BER: P00000096402					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Kevin Phillips					
	Name of Contact Person					
	The Nurses Guild, Inc.					
	Firm/ Company					
	2261 NE 36th Street, Suite 1					
	Address					
	Lighthouse Point, FL 33064					
		City/ State and Zip Code	e			
	olgarichmantng@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas		50, 000			
	C 01	at (_)			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation

Artici	of	
The Nurses Guild, Inc.	"	
(Name of Corporation as a	currently filed with the Florida Dept. of State	e)
P00000096402		- '
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpora" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	'Co". A professional corporation name mus	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9 61 43S 828 B
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		040
Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·	Torida street address)	
New Registered Office Address:	, Florida	(Zip Code)
		,

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Add

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the F and S. These should be noted as John Doe, PT as a Change, Mike Jones, F as Remove, and Sally Smith, SF as an Add.

Example: X Change <u>PT</u> John Doe X Remove <u>V</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) Ronnie E Thomas 2710 NE 14th Street 1) ____ Change Fort Lauderdale, FL 33304 ___ Add Remove 2) ____ Change ____ Add Remove 3) Change ___ Add __ Remove 4) ____ Change Add __ Remove 5) ___ Change ___ Add __ Remove δ) ____ Change

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	0	
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
		_
	· · ·	_
		_
		_
		_

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
September 13, 2023 Dated	divištivā 2023 SEP
Signature K-RP Lorlipe	64 d
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	01-2148
Kevin Phillips	0.4
(Typed or printed name of person signing)	
President	
(Title of person signing)	