

P1000064347



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prism Medical Staffing Inc.
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:

Trypti Bhogte
Name of Person

Prism Medical Staffing Inc.
Firm/Company

2451 West Cypress Creek Road, Suite #384c,
Foot Lauderdale, Address FLORIDA, FL 33309, USA.

Fort Lauderdale, Florida, 33309
City/State and Zip Code

its-trypti@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trypti Bhogte at 419, 378 2415
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
\$ 35 - amendment
- \$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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Prism Medical Staffing Inc,

DOCUMENT NUMBER: P1 00000 64347

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toupti Devdatta Bhogte

Name of Contact Person

Prism Medical Staffing Inc,

Firm/ Company

1451, W Cypress Creek Road, Suite #384C

Address

Fort Lauderdale, FL, 33309

City/ State and Zip Code

info@prismmedicalstaffing.com

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

For further information concerning this matter, please call:

Toupti Bhogte

Name of Contact Person

at (954) 543 4456

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Prism Medical Staffing Inc,

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000064347

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1451 West Cypress Creek Rd,
Suite 384C, Fort Lauderdale, FL,
33309

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1451 West Cypress Creek Rd,
Suite 384C, Fort Lauderdale, FL,
33309

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Trypti D. Bhogte

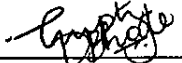
New Registered Office Address:

1451 W Cypress Creek Road, Suite #384C
(Florida street address)

Fort Lauderdale, Florida 33309
(City) (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.



Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Devdatta Mohan Bhogte	2209 S Cypress Bend Dr, APT 401, Pompano Beach, FLORIDA, 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO/Director	Trupti D. Bhogte	4451 West Cypress Creek Rd, Suite # 384C, Fort Lauderdale, FLORIDA, 33309	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Sr. Director	UDAY R. LAD	5th Floor Rajaram Estate, Dadasaheb Falke Rd, Dadar, Mumbai - 400014, INDIA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

The new business telephone number is 954 543 4456
 The email address is info@prismmedicalstaffing.com
 The website address is www.prismmedicalstaffing.com

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

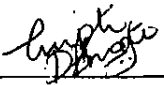
The date of each amendment(s) adoption: 8/8/2010
(date of adoption is required)
Effective date if applicable: 8/8/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- 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)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/27/2010

Signature 
(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)

Trypti D. Bhogte
(Typed or printed name of person signing)

CEO & Director
(Title of person signing)