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Cf 8/21/2022

COVER LETTER

NAME OF CORPORATION: Elite Healthcare Staffing Sorvices The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee 343.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

of

ELITE HEALTHCARE STAFFING SERVICES INC

2022 JUN -7 AH 8: 4.

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

(Document Number of Corporation (if known)

If amending name, enter the new name of the corp	poration:
	The new
ame must be distinguishable and contain the word "corp Inc.," or Co.," or the designation "Corp," "Inc." o chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp., or "Co". A professional corporation name must contain the word ation "P.A."
5. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	WESS)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 972868 Miami, FC 33197-2
. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
Name of New Registered Agent	ffice address:
new registered agent and/or the new registered of	(Florida street address)
new registered agent and/or the new registered of Name of New Registered Agent New Registered Office Address: Tew Registered Agent's Signature, if changing Regis	(Florida street address) , Florida (City) (Zip Code)

Check if applicable

 $[\]square$ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

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 V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> John	Doc	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u> </u>	Gullelmo J Gonzalez JR	P.O.Box 972868 Miani Ft. 33197- 2868
Remove 2) Change Add	D	Monica L Knowles	PO. BOL972868 MIGMI, P. 33197-
Remove Change			2848
Add Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

(Attach <i>ad</i> i	litional sheets	additional Article (i. if necessary).	(Be specific)	<u>Letol Here</u> .			
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If an ame	idment nravi	ides for an exchai	nge reclassific	estion or cance	Hatian of iccues	charec	
provision	s for implem	enting the amend					
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Fhe date of each amendment(s) ad late this document was signed.	option: 3/29/2022	, if other than the
Effective date <u>if applicable</u> :	3/29/2022 (no more than 90 days after amendment)	(île date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requestrement of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were ado action was not required.	pted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was were ado by the shareholders was were su	pted by the shareholders. The number of votes east for Nicient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
bv		
	(voting group)	
Dated	129/2022	
Signature	20 A C	
(By a di selected	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
_	Pakricia Consalez	
	(Typed or printed name of person signing)	
	Husidant	
-	(Title of person signing)	