

P22 0000 47356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

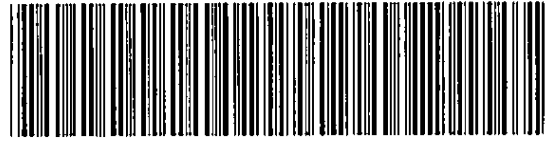
(Business Entity Name)

(Document Number)

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2023 APR 10 AM 8:39
STATE
OFFICE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M.R.R. NURSING SERVICES INC

DOCUMENT NUMBER: P22000047356

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

Please return all correspondence concerning this matter to the following:

MARICELA D. RAMIREZ RODRIGUEZ
Name of Contact Person

M.R.R. NURSING SERVICES INC
Firm/ Company

10989 N KENDALL DRIVE #SS
Address

MIAMI, FLORIDA 33176
City/ State and Zip Code

RRMARICELA1970@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARICELA D. RAMIREZ RODRIGUEZ at (786) 569-7912
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of
M.R.R. NURSING SERVICE INC

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

P22000047356

(Document Number of Corporation (if known))

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**)

10389 N. KENDALL DRIVE

#S8

MIAMI, FLORIDA 33176

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

10389 N. KENDALL DRIVE

#S8

MIAMI, FLORIDA 33176

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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

MARICELA D RAMIREZ RODRIGUEZ

10389 N KENDALL DRIVE #S8

(Florida street address)

New Registered Office Address:

MIAMI

(City)

, Florida 33176

(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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>p</u>	<u>MARICELA D. RAMIREZ RODRIG</u>	<u>10389 N KENDALL DR</u>
<input checked="" type="checkbox"/> Add			<u>#88</u>
<input type="checkbox"/> Remove			<u>MIAMI, FL 33176</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>STEPHEN D ALBURY</u>	<u>15681 PANTHER LAKE DRIVE</u>
<input type="checkbox"/> Add			<u>WINTER GARDEN, FL 34787</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input 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 OFFICE OF JORGE RAMIREZ CPA, P.A ERRONEOUSLY FILED ANNUAL REPORT FOR MR. STEPHEN ALBU
AND CHANGED AGENT, PRESIDENT/OWNER NAME, PHYSICAL ADDRESS AND MAILING ADDRESS AND ADI
THEIR FEIN ON M.R.R. NURSING SERVICES INC. MARICELA D. RAMIREZ RODRIGUEZ IS THE PRESIDENT AN
I CALLED THE DEPT OF STATE AND THEY ADVISED TO DO THIS AMENDMENT AND WRITE A STATE OF FA
AGAINST MR. JORGE RAMIREZ. IF YOU LOOK UP THE ARTICLES OF INCORPORATION ON DOCUMENT NUM
P22000047356 THE ARTICLES OF INCORP FILED PN 06/08/2022 IS CORRECT AND THIS AMENDMENT IS TO MA
THAT ORIGINAL INFORMATION, THE CORRECT FEIN# IS 88-2707890

**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)

