**State of Rhode Island**
**Office of the Secretary of State**

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

## Foreign Limited Liability Company
## Amendment to Application for Registration

(Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is Gifted Nurses, LLC

If the company's name is changing, state the new name: Gifted Nurses, LLC

If the company is changing its elected name in the State of Rhode Island, state the new name:

**ARTICLE II**

The statements in the application for registration were inaccurate when made or a change has occurred as follows, including, if applicable, a change made in Article I:

If the company duration is changing, so state: X Perpetual __

If the address of the principal office of the limited liability company is changing, so state:

No. and Street: 3330 W ESPLANADE AVE S, STE. 505
City or Town: METAIRIE State: LA Zip: 70002 Country: USA

If the mailing address of the limited liability company is changing, so state:

No. and Street: 3330 W ESPLANADE AVE S, STE. 505
City or Town: METAIRIE State: LA Zip: 70002 Country: USA

If the management of the limited liabilty company is changing, modify the following section:

__ Members or X Managers (check one)

The name and address of each manager **(If LLC is managed by Members, DO NOT complete this section)**:

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| MANAGER | MARY KAY MOLBERT | 3330 W ESPLANADE AVE S, STE 505<br>METAIRIE, LA 70002 USA |
| MANAGER | DENNIS DUCHAM | 3330 W ESPLANADE AVE S, STE 505<br>METAIRIE, LA 70002 USA |

| | | |
|---|---|---|
| MANAGER | DAVID DART | 3330 W ESPLANADE AVE S, STE 505<br>METAIRIE, LA 70002 USA |

The date this Amendment to Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Amendment to Application for Registration.

Later Effective Date:

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 21 Day of June, 2023 at 12:38:15 PM by the Authorized Person.**

MARY KAY MOLBERT

Gifted Nurses, LLC

Form No. 451
Revised 09/07

State of Rhode Island
**Department of State | Office of the Secretary of State**
**Gregg M. Amore,** *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 21, 2023 12:38 PM

Gregg M. Amore
*Secretary of State*