

L04000045338

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 22 AM 7:52

T. HAMPTON
APR 23 2010
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: The Health Series
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:

Kay M. Gulick
Name of Person

Firm/Company

149 Anastasia Lakes Dr.
Address

St. Augustine, FL 32080
City/State and Zip Code

kmgulick@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kay Gulick at (904) 616-1546
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 ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 15, 2010

KAY M GULICK
149 ANASTASIA LAKES DR
ST AUGUSTINE, FL 32080

SUBJECT: THE HEALTH SERIES, LLC
Ref. Number: L04000045338

We have received your document for THE HEALTH SERIES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 110A00009319

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Health Series, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/24/2004 and assigned
Florida document number L04000045338

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KDG Management Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

10 APR 22 AM 7:52
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Dated 4/9, 2010

Kay M. Gulick
 Signature of a member or authorized representative of a member

Kay M. Gulick
 Typed or printed name of signee