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2009 MAR 23 PH 4: 07

C. LEWIS

MAR 2 3 2009

EXAMINER

COVER LETTER

Division of Corp	orations				
SUBJECT: KINGDO	MLIFE DEVELOPI	MENT GROUP, LLC			
		ited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
•					
	R. BRUCE WARREN				
		(Name of Person)			
WHITEHURST, BLACKBURN & WARREN					
		(Firm/Company)			
809 SOUTH BROAD STREET					
· (Address)					
	<u> </u>				
THOMASVILLE, GA 31792 (City/State and Zip Code)					
		(only, on the sup doub)			
For further information con	ncerning this matter, please ca	all:			
R. BRUCE WARREN-	Dargan)	at (229) 226-2161 (Area Code & Daytime T	alanhana Numbar		
(Name of	rerson)	(Area Code & Daytime 1	erepnone 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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2009 MAR 23 PM 4: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

KINGDOMLIFE DEVELOPMENT GROUP, LLC

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

. (A	Florida Limited Liaotitty Compan	· y)	
The Articles of Organization for this Limited Li	ability Company were filed on _	5/18/2005	and assigned
Florida document number L05000049592	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
KingdomCare, LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Co	mpany," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
			
B. If amending the registered agent and/or the new registered of		n our records, enter	the name of the new
Name of New Registered Agent:	R. Bruce W. 262 HiAMONER Tallahassa (City)	ARREN	
New Registered Office Address:	262 HIAMONER	2	
		(Enter Florida street a	ddress)
	Tallahussa	, Florida	52312
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I			
	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	7 1.7
I hereby accept the appointment as registere	-		

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> Name <u>Address</u> **Type of Action** _ Add Remove Remove ₫ Add Remove ☐ Add Remove _ Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH 11 Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00