

L06000019290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

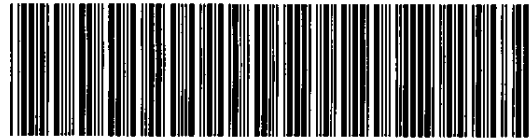
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bush Nov

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIRA
KPS HEALTHCARE LLC Jan
Name of Limited Liability Company
KPS Healthcare LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAYAL BRAHMBHATT
Name of Person
@ HIRA HEALTHCARE LLC
Firm/Company
294, VENETIAN BAY CIRCLE
Address
SANFORD, FL 32771
City/State and Zip Code
MODIP75@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAYAL BRAHMBHATT at (321) - 262-3091
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

KPS HEALTHCARE 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 02/22/2006 and assigned
Florida document number L06000019290

This amendment is submitted to amend the following:

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

HIRA HEALTHCARE 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)

294, VENETIAN BAY CIRCLE
SANFORD, FL, 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O BOX 623391

OVIEDO, FL, 32762

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:

PAYAL BRAHMBHATT

New Registered Office Address:

294, VENETIAN BAY CIRCLE,

Enter Florida street address

SANFORD

City

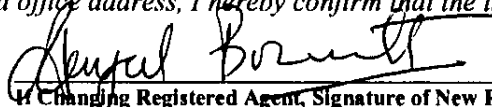
Florida

32771

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>
MGRM	SAMIR BRAHMBHATT	P. O. BOX 623391	<input type="checkbox"/> Add
		OVIDO, FL, 32762-3391	<input checked="" type="checkbox"/> Remove
MGRM	PAYAL BRAHMBHATT	294, VENETIAN BAY CIRCLE,	<input checked="" type="checkbox"/> Add
		SANFORD, FL, 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

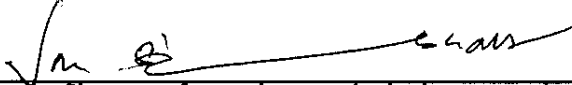
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered Agent Name & Address
SAMIR BRAHMBHATS }
P.O. Box 623391 } (Remove)
OVIEDO, FL 32764 } ✓
New Agent is PAYAL BRAHMBHATS

Dated October, 25, 2013.


Signature of a member or authorized representative of a member
SAMIR BRAHMBHATS
Typed or printed name of signee

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Filing Fee: \$25.00

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