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TALLAHASSEE, FLORIDA

T. CLINE

APR 21 2009

EXAMINER

BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702
FACSIMILE (727) 461-1764
E-MAIL: bryan@bryanjstanley.com

April 16, 2009

VIA REGULAR US MAIL

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: King Health, LLC
Amendment to Articles of Organization

Ladies and Gentlemen:

In connection with the above-referenced, please find enclosed for filing original Articles of Amendment to Articles of Organization. Also, enclosed is our check number 5029 in the amount of \$25.00, payable to the Florida Department of Corporation representing the filing fees.

Please do not hesitate to contact me with any questions.

Sincerely,

BRYAN J. STANLEY, P.A.


Bryan J. Stanley, Esq.

BJS/mf
Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KING HEALTH, LLC, a Florida limited liability company
(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:

Bryan J. Stanley, Esq.

(Name of Person)

Bryan J. Stanley, P.A.

(Firm/Company)

209 Turner Street

(Address)

Clearwater, FL 33756

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bryan J. Stanley, Esq. at (727) 461-1702
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

KING HEALTH, 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 December 8, 2008 and assigned Florida document number L08000112208.

This amendment is submitted to amend the following:

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

KING HEALTH PARTNERS, 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)

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TALLAHASSEE, FLORIDA

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

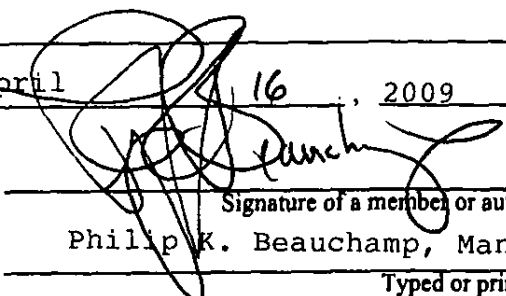
MGRM = Managing Member

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

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

Dated April 16, 2009



Signature of a member or authorized representative of a member

Philip K. Beauchamp, Managing Member

Typed or printed name of signer