



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kari Kardio Fort Myers, LLC  
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:

Kari Fundingsland  
Name of Person

Kari Kardio Fort Myers, LLC  
Firm/Company

1226 Twin Palm Drive  
Address

Fort Myers, FL 33919  
City/State and Zip Code

**FILED**  
09 OCT 26 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Kari Kardio Fort Myers, 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 05/01/2009 and assigned Florida document number L09000035630

This amendment is submitted to amend the following:

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

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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**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:

Judy Sullivan / Kari Kardio FM, LLC

New Registered Office Address:

1226 Twin Palm Drive

Enter Florida street address

Fort Myers  
City)

Florida

33919  
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.

Judy Sullivan  
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	KARI Fundingsland	10971 <del>10971</del> Cleveland Ave Fort Myers, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Judy Sullivan	1226 twin Palm Dr Ft Myers, FL 33919	<input checked="" 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.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated September 16, 2009.

Kari Fundingsland  
Signature of a member or authorized representative of a member

Kari Fundingsland  
Typed or printed name of signee