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DIVISION OF CORPORATIONS

B. Tadlesk FEB 0 2

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: K'S NEW STACT KEALTY 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:
Aracieuse Toussaint-Magloine
K.S New Start Reality LCC
1234 Cedar Wood Way
Clermont FC 34714  City/State and Zip Code
I:-mail address: (to be used for future annual report nutrification)
For further information concerning this matter, please call:
CVACIOUSE TOUSSNITH MAGAINA 86-547-1924  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \text{ \$\ \text{Certified Copy (additional copy is enclosed)}}\$\$\$ 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

Name of the Limited Liability Company as It now appears on our regords.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company wars filed on	1-25-		assig <b>ned</b>	ı
The Articles of Organization for this Emilited Enabling		<u> </u>	and	mo.Buca	•
Florida document number <u>L 100001</u>	<u>0</u> (50				ټ
				70	35.5
This amendment is submitted to amend the following.	;			833	NOIS
				CD	Ö.
A. If amending name, enter the new name of the li	imited liability company I	<u>1616</u> :		$\dot{\diamond}$	C.
				~0	CORP
The new name must be distinguishable and end with the v	words "Limited Liability Con	pany," the designation	ation "LLC" or th	ie abbiev	iatigo
"L.L.C."				5:	ATIONS
Enter new principal offices address, if applicable:				E	<del>`</del> Z
(Principal office address MUST BE A STREET AD)	DRESS)				
·				<del></del>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
	-				<del></del>
	***************************************	<u></u>		<del>,</del> -	—
B. If amending the registered agent and/or reg	ristared office uddress or	our records a	nter the name	of the	new.
registered agent and/or the new registered office ac		i oui recorus, g	HICH THE HADE	VI W	_444
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stre			
		emer promau sife	er maress		
		Flori			
	City		Zip Co	de	

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 Type of Action Name Add 🔲 Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_Feb. gnature of a member or authorized representative of a member Circles Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00