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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

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COVER LETTER

то:		stration Sect sion of Corpo				
CUD IE.		Vitruvian Eng	gineering LLC - Name Chan	ge		
SUBJE	CI;		Name of Lim	ited Liability Company		
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn .	all correspond	lence concerning this matter	to the following:		
			Steven Regalado			
				Name of Person	,	
			Vitruvian Engineering LLG	C/KZEN Health LLC		
				Firm/Company		
			476 NE 87th ST			
				Address		
			El Portal, FL 33138			
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
			steven@vitruvianengineerin	-		
			E-mail address: (to be used for future annual report no	tification)	
For furt	her in:	formation con	cerning this matter, please ca	all:	2018 SEI ALL	
Steven	Regal	ado		954 2619611 at ()	SECRETA	
		Name of P	erson		me Telephone Number 20	FILED
Enclose	d is a	check for the	following amount:		8 F	
\$25	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Vitruvian Engineering LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L10000020196	ability Company		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
KZEN HEALTH LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		476 NE 87th St	
(Principal office address MUST BE A STREE	T ADDRESS)	El Portal, FL 33138	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A B. If amending the registered agent and/registered agent and/or the new registered of	or registered of	### 476 NE 87th St El Portal, FL 33138 Tice address on our records, enter the name of the new etc.	
Name of New Registered Agent:		Ž.:	
New Registered Office Address:	476 NE 87th St		
		Enter Florida street address	
	El Portal	Flority 33138.	
		City — ip Cod	
New Registered Agent's Signature, if changing R	Registered Agent:	OR F	
provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete stered agent as p registered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Mana'ger	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			☐ Add
			□ Remove
			□ Remove
		<u></u>	☐ Change
			Add
			Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective for the record is filed.	ve time, at 12:01 a.m. on the earlier of
ed November 4, 2016	
Stur Regulato/S	Dayeldo

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00