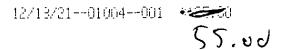
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(Requestor's Name)
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PICK-UP WAIT MAIL
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A. BUTLER DEC 2 1 2021

COVER LETTER

TO: Registration S Division of Co				
Kalitec Dir				
SUBJECT:	Name of Limit	ted Liability Company	······································	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing		
Please return all correspondence	ondence concerning this matter t	o the following:		
	James P Abraham			
		Name of Person		
	Kalitec Direct, LLC			
		Firm/Company	 	
	865 Oviedo Blvd Suite 1019)		
		Address		
	Oviedo, FL 32765			
		City/State and Zip Code		
	qecounting@kalitecmed.com			
For further information	E-mail address: (to concerning this matter, please cal	be used for future annual repor	1 notification)	
	oncerning and matter, freuse car			
James P Abraham		407 545-206 at ()		
Name o	of Person	Area Code D	nytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed?	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	•		The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Mo	onroe Street, Suite 810	

Tallahassee, FL 32303

\$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 10 PM 12: 45

Kalitec Direct, LLC		202. 2-
Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on ou Liability Company)	r records.)
he Articles of Organization for this Limited Liability Company	were filed on 02/09/11	and assigned
lorida document number L11000017331		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	865 Oviedo Blvd Suite	: 1019
Principal office address MUST BE A STREET ADDRESS)	Oviedo, FL 32765	
nter new mailing address, if applicable:	865 Oviedo Blvd Suite	: 1019
Mailing address MAY BE A POST OFFICE BOX	Oviedo, FL 32765	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our record	s, enter the name of the new registe
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:	Enter Florida stre	vet address
	22.12.0	
	City	, Florida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	J Scott Winn	15 Paradise Plaza #264	
		Sarasota, FL 34239	■ Remove
]Change
MGR	James P Abraham	865 Oviedo Blvd Suite 1019	■Add
		Oviedo, F1, 32765	□Remove
			□Change
			CiAdd
			Remove
			□Change
			ПRетюче
			□ Change
			□Change
			(Add
			□ Remove
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Effect	ive date, if other than the date of filing: (optional)
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	ent's effective date on the Department of State's records.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is fi	red.
	December 9 2021 -
Dated	
	Signature of a member or authorized representative of a member
	(
	J Scott Winn, Authorized Representative (Member)

Filing Fee: \$25.00