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SECRETARY OF STATE

JAN 1 4 2013 J. BRYAN

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

KMH KGK SPA SERVICES 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:

Kevin M. Howell

Name of Person

Capital Spa Associates, LLC

Firm/Company

215 Cockeysville Road

Address

Cockeysville MD 21030

City/State and Zip Code

kvnhw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin M. Howell

,443,463-0797

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

■\$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

## KMH KGK SPA SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000054389</u> .	were filed on April 18, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	FE 32 T
(Principal office address MUST BE A STREET ADDRESS)		影響ー所
Enter new mailing address, if applicable:	215 Cockeysville Road	F.F. Sign
(Mailing address MAY BE A POST OFFICE BOX)	Cockeysville MD 21030	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
New Registered Office Address:	Enter Florida street e	address
	, Florida	
	City	Zip Code
	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 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

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Title .	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00

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