# 112000094279

(Re	(Requestor's Name)		
(Ad	dress)		
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(Cit	y/State/Zip/Phone	e #)	
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#### **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	K-Nine Con	nections Life Centre		÷ ,
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Mary-Frances Morris		
			Name of Person	
		K-Nine Connections Life C	Centre, LLC	
			Firm/Company	
		2143 SE 15th Ave		
			Address	
		Cape Coral, FL 33990		
			City/State and Zip Code	
		moab2112@live.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Anthony Mo			239 471-8021 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	iling 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:

TO:

**Registration Section** 

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

K-Nine Connections Life Centre, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/20/2012	and assigned
Florida document number L12000094279		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
K-Nine Connections, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	2143 SE 15th Ave	
(Principal office address MUST BE A STREET ADDRESS)	C C1 FL 22000	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	ACC 15
		AHASSIAFI
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		1:27 
runte of new registered rigon.		. <u>ح.ن.</u>
New Registered Office Address:	Enter Florida street address	
	pi	
<del></del>	, Florida 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 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anthony Morris	2143 SE 15th Ave Cape Coral, FL:	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
<del></del>			AMASSEE FLORIDA
			□ Change
		Remove	
			Change
			□ Add
		□ Remove	
			☐ Change

Effective date, if other than the date of filing:	Effective date, if other than the date of filing:  [Optional]  In optional  In opti		,	
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Typed or printed name of signee

Filing Fee: \$25.00