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COVER LETTER

TO: Registration S Division of Co			
Kipu Sys	tems LLC		
SOBJECT.	Name of Lir	nited Liability Company	
	f Amendment and fee(s) are sul	•	
Please return all corresp	ondence concerning this matter	r to the following:	
	Jeffrey Fiorentino		
	 -	Name of Person	
	Kipu Systems LLC		
		Firm/Company	
	55 Alhambra Ptz FI 6		
		Address	
	Coral Gables, FL 33134		
	jeffrey@kipu.health	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Jeffrey Fiorentino		305 987-1190 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Fcc, 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

Kipu Systems LLC	18 C		
	any as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000124680</u> This amendment is submitted to amend the following:	were filed on 10/1/2012 and 555 percentage and 55 percentage and 5		
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	55 Alhambra Plaza		
(Principal office address MUST BE A STREET ADDRESS)	6th Floor		
(11) (cipal v) (cc assisting 1100) Bu (12)	Coral Gables, FL 33134		
Enter new mailing address, if applicable:	55 Alhambra Plaza		
(Mailing address MAY BE A POST OFFICE BOX)	6th Floor		
	Coral Gables, FL 33134		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
·	, 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:

or removed from our records.		
MGR = Manager AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
- · · · · · · · · · · · · · · · · · · ·		 	
			Remove
			Change
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