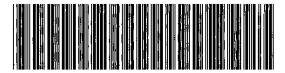
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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T. HAMPTON

COVER LETTER

TO: Registration Division of C	Section Corporations					
K. L. Go	oodman LLC					
SOBJECT:	Name of Limited Liability Compa	any				
	of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:					
,	Mary E Dorak					
	Name of Per	son				
CompuKeeper Inc.						
Firm/Company						
	2298 NW Boca Raton Blvd Ste 20					
	Address					
	Boca Raton, FL 33431					
	City/State and Zi	p Code				
	E-mail address: (to be used for future	annual report notification)				
For further informatio	n concerning this matter, please call:					
MARY E. Dorak	561 at (368-7769				
Nam	ne of Person Area Co	de Daytime Telephone Number				
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	Certificate of Status Certified C					

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

K. L. Goodman LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 6/19/2013 and assigned
Florida document number L13000088256	
This amendment is submitted to amend the following:	ility company here:
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 Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	159 NW 70th Street
(Principal office address MUST BE A STREET ADDRESS)	Apartment 415
	Boca Raton, FL 33431
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the ne
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:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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			Remove
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			May 21, 20	015		4 44 BS	
Sffective dat If an effective d	te, if other than th ate is listed, the date m	e date of filing	g:		or more than 90	(optional) days after filing.) P	ursuant to 605.020
Note: If the o	date inserted in this b	olock does not r	meet the applic	cable statutory	filing requirem	ents, this date wi	ill not be listed a
document's e	ffective date on the l	Department of S	State's records	i.			
	pecifies a delaye			ot an effecti	ve time, at 1	l2:01 a.m. or	
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ت		Signature of a	member or auth	iorizea represen	tative of a membe	ा	3: L1 STATI

Page 3 of 3

Filing Fee: \$25.00