

L14 0000 27386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

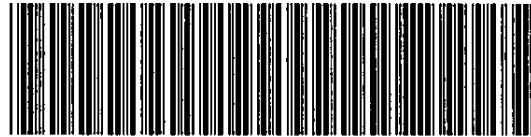
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers APR 02 2014

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Kemet Care Compounding, 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:

Mostafa Ahmed

Name of Person

Kemet Care Compounding, LLC

Firm/Company

1991 Fishtail Fern Way

Address

Ocoee, FL 34761

City/State and Zip Code

sahara5000m@gmail.com

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

For further information concerning this matter, please call:

Mostafa Ahmed

Name of Person

at 646 644-9390

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**

Kemet Care Compounding, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/14/2014 and assigned  
Florida document number L14000027386.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

7111 Grand National Drive

Suite 105

Orlando, FL 32819

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7111 Grand National Drive

Suite 105

Orlando, FL 32819

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

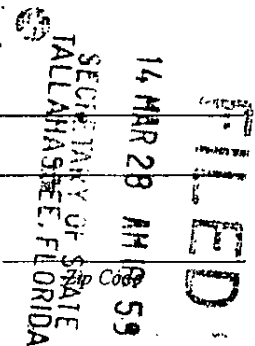
Enter Florida street address

City, Florida

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change the ~~authorized~~ <sup>①</sup> Registered agent's (Ahmed, Mostafa) address to 7111 Grand National Drive / Suite 105 / Orlando, FL 32819 and <sup>②</sup> change the three authorized person's addresses to the same address of 7111 Grand National Dr. <sup>③</sup> Ahmed Mostafa  
② MRAFAT, Manal  
③ Sheffield, Sheana  
Suite 105  
Orlando, FL 32819

\* We do not wish any member's or agents' personal address to be listed. We want one address to be listed for everyone which is the business' address which is 7111 Grand National Dr. Suite 105 Orlando, FL 32819

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 21, 2014



Signature of a member or authorized representative of a member

Mostafa Ahmed

Typed or printed name of signee

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TALLAHASSEE, FLORIDA