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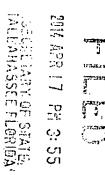
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APR 21 2014 J. BRUCI

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kemet Care Compounding, UC 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
Wemet Care Compounding, LLC
2582 Maguire Rd #115
Ocole, FL 34761
City/State and Zip Code Sahara 5000 m @ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mostafa Ahmed at (646) 6449390 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 $2/2/14$ and assigned Florida document number $L/4000027386$.
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Florida
City Tap 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = ' Mar AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sheana Sheffield	7111 Grand National D Suife 105 Orlando, FL 32819	r. □ Add
		Orlando, FL 32819	□ Remove
****			□ Add
			Remove
			Remove
			Add
			□ Remove
			TAdd S
			SEE
			LOST Add S
			Remove

amenung	any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
,		
	<u> </u>	
(The effective da	te, if other than the date of filing: (option to the must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days as bounnent, is filed by the Florida Department of State)	
Dated	4/14/14 April 14, 2014 Owik	
_	Signature of a member or authorized representative of a member	
	Mostafa Anned	
-	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

