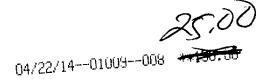
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FILED SECRETARY OF STATE DIVISION OF CORPGRATION

APR 30 20Th
J. HARRIS

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	South, LLC ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
•		Name of Person  NHS SOUTH, ILC  Firm/Company  KINGS RD S. SU  Address	
	HUNTER E-mail address: (	SONVILLE, FL 3. City/State and Zip Code  NDT @ GMAL - Code to be used for future annual report notif	2257 20 M ication)
For further information	concerning this matter, please c	all:	
HUNTER	2 HAYDEN	at ( <u>904</u> ) <u>742 -</u> Area Code Daytime	2658
Name	of Person	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

KINGS SOUTH, L	LC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our hility Company)	records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 14000055726</u> .	ere filed on $\frac{4/4}{}$	12014	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company here:			
N/A				
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbre	eviation '	"L.L.C."
Enter new principal offices address, if applicable:				<del> </del>
(Principal office address MUST BE A STREET ADDRESS)	$\sim$ $\sim$ $\sim$	A		
_	<u> </u>		11	NVIS SE
			#2R	ESE ESE
Enter new mailing address, if applicable:			22	TATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA
(Mailing address MAY BE A POST OFFICE BOX)	M/-	A	J	15 mg (C)
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B. If amending the registered agent and/or registered office	re address on our re	cards enter the		of the new
registered agent and/or the new registered office address here:	te address on our re	cords, enter the	Danis	of the nev
	. 1	, /		
Name of New Registered Agent:	HUNTER	HAYDEN		
New Registered Office Address:				
	Enter Florida street	address		
<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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		9635 GUZMAN AVE HAJINGS, FL 32145	Remove
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Page 3 of 3

Filing Fee: \$25.00

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