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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:		istration Se ision of Cor				
SUBJEC	crr.	Kimberly R	Regenesis LLC			
SUBJEC	C1.		Name of Lim	ited Liability Con	npany	
The encl	losed	Articles of	Amendment and fee(s) are sub-	mitted for filing		
Please re	eturn	all correspo	ndence concerning this matter	to the following	;	
			Leland Wilson			
				Name of F	erson	
			McCullough Legal Service	es, LLC		
				Firm/Con	pany	
			6290 Corporate Court Suite	e C201		
				Addres	is	
			Fort Myers, Florida 33919			
				City/State and	Zip Code	
			lwilson@mls941.com E-mail address: (i	to be used for futt	ire annual report n	otification)
For furth	ner in	iformation c	oncerning this matter, please ca	all:		
Leland '	Wils	on		515 at (822-2416	
		Name o	f Person	Area	Code Dayt	ime Telephone Number
Enclosed	d is a	check for th	ne following amount:			
■ \$ 25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314		STREETYCOU. Registration Sec Division of Corr Clifton Building 2661 Executive	oorations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kimberly Regenesis, LLC					
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number	ility Company	were filed on 11/0	09/2015	and assign	ed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liabil	lity Company," the des	signation "LLC" or the abb	reviation "L.L.C.	
Enter new principal offices address, if applicab	le:	6290 Corporate C	Court Suite C201	18	SE
(Principal office address MUST BE A STREET.		Fort Myers, Flori	da 33919	HA	AEE
				\	ASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6290 Corporate C	Court Suite C201	PM 7	Y OF S
		Fort Myers, Flori	da 33919	25	PRITE
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, <u>enter t</u>	the name of	the nev
Fort Myers		cade			
		Enter Floria	la street address		
		City	Florida 339	2ip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:	·		cop Come	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Change
			Remove
			Change
			☐ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change

·	
D. If amending any other information, enter change(s) here: [Attach ad	dditional sheets, if necessary.)
	- To S
	8 MAR - 5
	TARY ASS
	<u></u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(the filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effecti (b) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated February 27 2018 Signature of a member or authorized representation of the second seco	rative of a member
Thomas Mouracade	partie of a Heritori
Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00