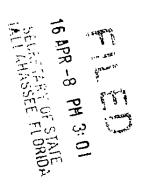
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APR 13 2016 N. CAUSSEAUX

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Kimistry Health Network, 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:
Kimberly N. Simms Name of Person
The Kimistry Health Network, LIC.
1116 Easy Street Address
Jacksonville Florida 32218 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly Simms at (904) 449-3949 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee 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**

Kimistry Expre	ss, LLC	PR TOTAL
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor- Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Decemb	er 11, 2015 and Essigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The Kimistry Health The new name must be distinguishable and contain the words "Limited Liabil	NE+WORK, LLC lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1116 Eggy S	treet
(Principal office address MUST BE A STREET ADDRESS)	Jacksonvill	treet e Florida 3226
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 her		ds, enter the name of the new
Name of New Registered Agent:	Today Original Control of the Contro	
New Registered Office Address:	Enter Florida street addre	
	City, F	lorida 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 = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
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fective date, if of	ther than the date of f	iling:		(optional) days after filing.) Pursuant to 605
in effective date is lis	ted, the date must be specific	c and cannot be prior to	date of filing or more than 90	days after filing.) Pursuant to 605 nents, this date will not be listed
	date on the Department		ic statutory thing requires	ients, this date will not be liste
record specific	es a delayed effectiv	ve date, but not	an effective time, at	12:01 a.m. on the earlie
The 90th day a	fter the record is fil	ed.		
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Filing Fee: \$25.00