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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPT MAY 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RK HEALTH PRODUCTS, 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:

RICHARD A KRISTA

Name of Person

RKHEALTH PRODUCTS, LLC

FILTIVC Ompany

1001 PLANTATION DR F-3

Address

KISSIMMEE FL 34741

Chy/State and Zip Code

RICHARD KRISTA @ G MAIL. Com

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

For further information concerning this matter, please call:

RICHARD A KRISTA at 407, 748-5125
Name of Person at 407, 748-5125

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00

☐ \$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

RK HEALTH PRODUCTS LLC
(Name of the Limited Liability Company as I the Company of the Company of

The Articles of Organization for this Limited Liability Compa	any were filed on	1ARIL 172018 and assign	ed
Florida document number 418000 90	5724		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited l</u> i	iability company h	ere:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the i	designation "LLC" or the abbreviation "L.L.C.	,,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:	office address or tere:	our records, enter the name of t	the new
New Registered Office Address			
	Enter Flor	nda street address	
•	0.00	, Florida	
New Registered Agent's Signature, if changing Registered Agen	CHy at:	Zip Code	
			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been noufied in writing of this change.	ete performance of is provided for in C	my duties, and I am familiar with an Chapter 605, F.S. Or, if this documen	ıd
ICC	hanging Registered As	gent, Signature of New Registered Agent	

Page 1 of 3

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY -7 AN 5: 84

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 = Manager AMBR = Authorized Member Address
1001 PLANTATION DR F-3
KISSIMMEE, FL 34-744 Add <u>Title</u> <u>Name</u> Remove DChange. ⊞Add Remove - Change ₽Add _ Remove _ Change _IIIAdd _ERemove _ @Change _🗓 Add Remove _ Change ⊞Add

Remove

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🖭 If the date in	serted in this block doe	es not meet the applic	able statutory filing r	equirements, this date w	ill not be listed a
ument a effectiv	e date on the Departme	ent of State's records.			
record specifi	ies a delayed effec	tive date, but no	t an effective tim	ne, at 12:01 a.m. or	n the earlier o
he 90th day	after the record is	filed.		·	_
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATION