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(Re	questor's Name)	
		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(100	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

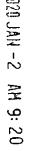




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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations KINDRED SOULS PEDIATRIC CARE, LLC SUBJECT: 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: RENE BUSTAMANTE Name of Person KINDRED SOULS PEDIATRIC CARE, LLC Firm/Company 10961 SW 186th Street Address MIAMI FL 33157 City/State and Zip Code RENEBD3@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RENE BUSTAMANTE 542-4509 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L18000247327		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10961 SW 186TH STREET	
Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33157	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered office a	address on our records, enter the na	200 JAH -2 AM 9: 200 region
gent and/or the new registered office address here:	idates on our records, enter the har	/ Cortic new regist
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	Cin	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			Change
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Page 2 of 3

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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 ok does not meet the applicable statutory filing requirements, this date will not be listed as th
ne record specifies a delayed of the 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
Dated	2019
S	ignature of a member or authorized representative of a member
Rene Bustamante	Klubard-
	Pyped or printed name of signce