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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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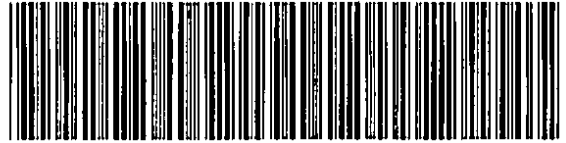
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K DIEFENDERFER, APRN-C 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:

KELLEY DIEFENDERFER

Name of Person

KELLEY HEALTH, LLC formerly, K DIEFENDERFER, APRN-C LLC

Firm/Company

7901 4TH ST N, STE 300

Address

ST. PETERSBURG, FL 33702

City/State and Zip Code

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

For further information concerning this matter, please call:

KELLEY DIEFENDERFER

407 927-8657

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

K DIFENDERFER, APRN-C LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/23/2019 and assigned
Florida document number L19000110342.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

KELLEY HEALTH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

460 PICKFAIR TERRACE

LAKE MARY, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4TH ST N

STE 300

ST. PETERSBURG, FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NORTHWEST REGISTERED AG	7901 4TH ST N	<input type="checkbox"/> Add
		STE 300	<input checked="" type="checkbox"/> Remove
		ST. PETERSBURG, FL 33702	<input type="checkbox"/> Change
AMBR	KELLEY DIEFENDERFER	460 PICKFAIR TERRACE	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

LIMITED LIABILITY COMPANY PURPOSE

The purpose for which the company is organized is to conduct any and all lawful business for which Limited Liability Companies can be organized pursuant to 605.0105 statute, including but not limited to: providing health medical, integrative, aesthetic, and any other services within the scope of practice of providers' licensure.

LIABILITY

Pursuant to 605.04093 statute, any and all debts, obligations or other liabilities of KELLEY HEALTH, LLC are the sole responsibility of the Limited Liability Company. Any manager or member of KELLEY HEALTH, LLC is hereby not personally liable for such debts or liabilities solely by reason of their title.

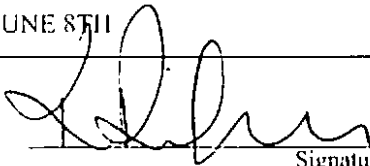
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 8TH, 2021



Signature of a member or authorized representative of a member

KELLEY DIEFENDERFER, Owner/Authorized Member

Typed or printed name of signee