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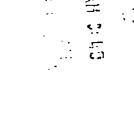
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	KHS FOST	ER, LLC			
SUBJE	<u> </u>	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		MARK S. HOWARD			
			Name of Person		
		MARK S. HOWARD, P.A			
Firm/Company					
		400 N. TAMPA STREET,	SUITE 1100		
			Address	·	
		TAMPA, FL 33602			
		mhoward@mshlegal.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information co	oncerning this matter, please ca	all:		
MARK	S. HOWARD		813 451-0866		
	Name of	f Person		2 Telephone Number	
Enclose	ed is a check for th	e following amount:			
■ \$2:	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KHS FOSTER, 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 $\frac{06/05/2019}{1}$ ____ and assigned Florida document number _____L19000148989 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6SS0 S. JONES ROAD Enter new principal offices address, if applicable: TAMPA, FL 33611 (Principal office address MUST BE A STREET ADDRESS) 6220 S. JONES ROAD Enter new mailing address, if applicable: TAMPA, FL 33611 (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

__, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KRISTEN H. SCHRUM	2222 BERNARD STREET RALEIGH, NC 27608	Add
			■ Remove
			☐ Change
MGR	LAURA H. HOWARD	6220 S. JONES ROAD TAMPA, FL 33611	■ Add
			Remove
			Change
MGR	MARK S. HOWARD	6220 S. JONES ROAD TAMPA, FL 33611	■ Add
			□ Remove
		···	Change
			□ Remove
			Change
			□ Add
			☐ Remove
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			☐ Remove
			Change

11 4U	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		—
Effec	ive date if other than the date of filing: (optional)	
Note	ive date, if other than the date of filing: (optional) ective 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records.	o 605.0207 : listed as (
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of
Dated	JULY 14 2019	
	Lites less chicien	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00