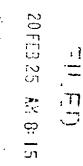
## L19000203803

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
K-MDH, "I	LC"	*	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	<u>-</u>	
	KAREN M HOLLINS		
		Name of Person	<del></del>
	K-MDH, "LLC"		
		Firm/Company	
	14001 NW 4TH STREE	T , APT 111	
		Address	
	PEMBROKE PINES,FL	33028	
		City/State and Zip Code	
	kdhollins@k-mdh.com	.,,.,	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notifulal:	ication)
KAREN M HOLLINS		678 697-5343	
Name c	f Person	at () Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	-	Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monroe	allanassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K-MDH, "LLC"	any as it may anneary an our reports	<del></del> -
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000203803	were filed on August 09, 2019	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
K-MDH LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		) F
	· .	
Enter new mailing address, if applicable:	···.	· · · ·
(Mailing address MAY BE A POST OFFICE BOX)		里山
	<u>.</u>	<u> </u>
	-	S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	f the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	*	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	e performance of my duties, and I am fam	illiar with and

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>	Name	Address	Type of Action
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			Remove
		· 	□Change
	<del></del>	<del></del>	□Add
		·	□Remove
			☐ ☐ ☐ Change
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record sp	ecifies a delayed effective date, but	i not an effective tim				
ocument` record sp I is filed.	·	not an effective tim	·			
ocument*	K m		zed representative of a i	nember		<u></u>

Filing Fee: \$25.00