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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
. —		
Special Instructions to	Filing Officer:	

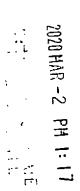




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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	· Dea	enumed Li	
	Name of Lin	ited Liability Company	——————————————————————————————————————
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Thor	Name of Person	ska
	Be (Sen U Med Firm/Company	····
	440-A 3	STA ST. Address	
	Neptonic Bo	City/State and Zip Code	2266
	Ar TKISKA E-mail address: (O myhealth Esc to be used the future annual rep	portial3. b12
For further information	concerning this matter, please ca	all:	
Name	S A KISKO	at (ADU)	382-8633 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 enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>ess:</u>	<u>Street Addı</u>	'ess:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

Kegenumed	120	
(Name of the Limked Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	12/19/2019
The Articles of Organization for this Limited Liability Company	were filed on 12-9-10	and assigned
Florida document number L200000 1709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 1. A. A. B. B. C.
	N/A	7020
Enter new mailing address, if applicable:		20 MAR
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	10/14	
	Enter Florida street addr	ess
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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
AM BR	Frank P. Magliochetti	4734 Wildewood br.	[ZAdd
		Delray Beach FI 33445	
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			Change
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			Change
			□Add
			Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
•	
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•	
[If an ef [Note:	tive date, if other than the date of filing:
e recor	rd 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 ded.
Dated	2/18 , <u>2020</u> .
	Signature of a member or authorized representative of a member
	Thomas A Kiska

Filing Fee: \$25.00