

**L20000182732**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

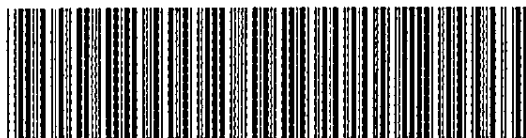
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Mbr sign*

Office Use Only



**200351340122**

08/31/20--01033--015 \*\*25.00

O SIMMONS

DEC 01 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2020

RICHARD SPASEFF  
5846 S FLAMINGO RD  
#131  
COPPER CITY, FL 33330

SUBJECT: KIWK HEAL LLC  
Ref. Number: L20000182732

We have received your document for KIWK HEAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PLEASE SIGN THE LAST PAGE OF THE FILING IN THE HIGHLIGHTED AREA, IN ORDER FOR THE FILING TO BE FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 920A00023093



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2020

RICHARD SPASEFF  
5846 S FLAMINGO RD  
#131  
COOPER CITY, FL 33330

SUBJECT: KIWK HEAL LLC  
Ref. Number: L20000182732

We have received your document for KIWK HEAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 420A00022039



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2020

RICHARD SPASEFF  
5846 S FLAMINGO RD  
#131  
COOPER CITY, FL 33330

SUBJECT: KIWK HEAL LLC  
Ref. Number: L20000182732

We have received your document for KIWK HEAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 220A00020115

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KWIK HEAL, L.L.C.  
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:

RICHARD J. SPASEFF  
Name of Person

KWIK- HEAL LLC.  
Firm/Company

5846 SO. FLAMINGO ROAD #131  
Address

COOPER CITY, FL. # 33330  
City/State and Zip Code

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD SPASEFF at (954) 488-6500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

KWIK HEAL LLC J. 9:21  
(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 7/9/2020 and assigned Florida document number L20000182732

This amendment is submitted to amend the following:

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

KWIK HEAL 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)

5846 SO. FLAMINGO ROAD  
# 131  
COOPER CITY, FL. # 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE ↑

[Signature]

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:

RICHARD SPASEFF

New Registered Office Address:

SAME AS ABOVE

Enter Florida street address

City, Florida 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 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

Appending: Authorized Person(s) authorized to manage, enter the title, name, and address of each person removed from our records:

MR = Manager  
 MBR = Authorized Member

[illegible]

[illegible]

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 \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

RICHARD J. SPASEFF  
\_\_\_\_\_  
Typed or printed name of signee