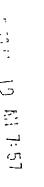
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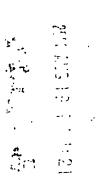
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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C. GOLDEN AUG 2 0 2020

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/19/2020	**WALK IN**
ENTITY NAME KET (	.A LLC
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
· · · · · · · · · · · · · · · · · · ·	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA	TION
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$25	ACCOUNT # 120160000072 4:
Please call Tina at i	the above number for any issues or concerns. Thank you so much!

### **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Ket La LLC SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Megan Fuentes		
		Name of Person	
	ZenBusiness PBC		
	<del></del>	Firm/Company	
	5900 Balcones Dr. Suite 50	000	
		Address	<del></del>
	Austin, Texas, 78731		
	fulfillment@zenbusiness.cc	City/State and Zip Code om to be used for future annual report noti	(fication)
For further information c	concerning this matter, please c	•	,
Megan Fuentes		844 493-6249	
Name c	of Person	at () Area Code Daytim	ne 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)
Mailing Addres Registration S		Street Address: Registration Sc	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Callahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2027 7 13 All 7: 57

Ket La 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 07/22/2020 and assigned Florida document number \_\_\_\_\_120000214428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ket-La Care 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) Enter new mailing address, if applicable: (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:

#### 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

Enter Florida street address

, Florida

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>	Address	Type of Action
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			□Remove
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applica	o date of filing or more tha ble statutory filing requ	(optional) n 90 days after filing.) Pursuirements, this date will no	ant to 605.0207 of be listed as
	e date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
ecord specifies a delayed effective is filed.				
is filed.	2020			
record specifies a delayed effective is filed.  August 18  /s/ NAOMI LOUISS/				
is filed.  August 18			ember	

Filing Fee: \$25.00