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MAR 23 2022 ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

•,

ACCOUNT NO. : I2000000195

REFERENCE: 565495 4802897

AUTHORIZATION: Simelable ma

COST LIMIT : \$ 60.00

ORDER DATE: March 21, 2022

ORDER TIME : 9:44 AM

ORDER NO. : 565495-005

CUSTOMER NO: 4802897

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### DOMESTIC AMENDMENT FILING

NAME: K & H MEDICAL (FL), LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	K&H M	fedical (FL), LLC		
501 <b>5</b> EC1.	Name of Lin	nited Liability Company		<u> </u>
	Amendment and fee(s) are sul	•		
Please return all correspo	ondence concerning this matter	r to the following:		
		Michael Stringfellow		
		Name of Person		
		Garfunkel Wild, P.C.		
		Firm/Company	<u> </u>	
	111	Great Neck Road, 6th Floo	r	
		Address		
	C	Great Neck, NY 11021-5406		
		City/State and Zip Code		
		tringfellow@garfunkelwild		
		to be used for future annual re	port notification)	
For further information c	oncerning this matter, please c	ali:		
Michael !	Stringfellow	516 at ()	393.2578	
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) (	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration S	s: Section	Street Add Registrati	ress: on Section	
Division of Co			of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&H Medica	al (FL), LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	October 7, 2020	and assigned
Florida document number L20000317749		_	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	e <u>re</u> :	
	dical - FL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "LLC" or the al	boreviation "L.L.C."
Enter new principal offices address, if applicable:	120 Hicksville Road		20
(Principal office address MUST BE A STREET ADDRESS)	Bethpage, NY 1	1714	22 H
	<del></del>		A T
			22
Enter new mailing address, if applicable:	K&H Medical -	- FL LLC	SSC 😤 🎵
(Mailing address MAY BE A POST OFFICE BOX)	Bethpage, NY 1	1714	က်လ ခ
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	,		
rem registered Office Address.	Enter Flori	ida street address	
		, Florida	
	City		7ip 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 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.

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:

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			[] Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
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			Cl Change
			□Remove
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			CAdd
			□Remove

\_\_\_\_\_ □Change

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fective date, if other than	be date of filing:			(ce	rtional)	
a) cliective date is listed, the date	must be specific and o	apport be prior to	date of filing or a	note then 90 down	Am filina \ Ehmann	to 605.02
ote: If the date inserted in this current's effective date on the	Department of Str	et une applican ite's records.	ee statutory inti	ng requirements,	this date will not	be listed
ecord specifies a delayed effec	tive date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th da	v after th
is filed.						,
. March 21		2022				
ited	·		. •			
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		^ -				
	Signature of a me	moer or authori		of a mamber	<del></del>	
	Signature of a me	mber or sutborn	od representativ	of a member	<del>-</del>	

Filing Fee: \$25.00