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COVER LETTER

Kindred M	fanagement, L.C.		
SOBJECT:	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. Peturn all correspondence concerning this matter to the following: Dennis D. Murphy, Esq.		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dennis D. Murphy, Esq.		
		Name of Person	
	The Stuttman Law Group,	P.C.	•
		Firm/Company	
	709 Westchester Avenue,	Suite 300	
		Address	
	White Plains, NY 10604		
		City/State and Zip Code	····
	• • -		
		·	ication)
For further information	concerning this matter, please c	all:	
Dennis D. Murphy			
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee			

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kindred Management, L.C.				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company	were filed on 6/25/97		_ and assigned	,
Florida document number L97000000699				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		*** <u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)			2	
		<u> </u>	5	
		聚 衛 2 000	20 mm.	
Enter new mailing address, if applicable:	and assigned the following: ame of the limited liability company here: in the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." applicable: TREET ADDRESS) the and/or registered office address on our records, enter the name of the ered office address here: Enter Florida street address Florida Florida	· ·		
(Mailing address MAY BE A POST OFFICE BOX)	ompany were filed on 6/25/97 and ited liability company here: ited Liability Company," the designation "LLC" or the abbreviation (LLC) and the substantial stereory of th	35 M.	·	
		To a	= -	
		*	0	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.			ne name of th	<u>ie nev</u>
Name of New Registered Agent:				
New Registered Office Address:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) tion for this Limited Liability Company were filed on 6/25/97 and assigned ar L97000000699 itted to amend the following: enter the new name of the limited liability company here: guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ices address, if applicable: a MUST BE A STREET ADDRESS) ress, if applicable: BE A POST OFFICE BOX) registered agent and/or registered office address on our records, enter the name of the the new registered office address here: Registered Agent: d Office Address:			
	Enter Florida street a	address		
		_, Florida		
	City		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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Schlegel	c/o Christine Schlegel	
		777 Lenox Avenue	■ Remove
		Oradell, New Jersey 07649	□ Change
			D Add
			☐ Remove
			□ Change
			D Add
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Effective (date, if other than	1 the date of	filing:				(optional)	COE	0207
Note: If the	he date inserted in the	his block does	not mee	t the applica	to date of filing able statutory	g or more than 9 filing require	o days after filing ments, this date	z.) Pursuar will not	be liste	.0207 :d as
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Filing Fee: \$25.00