

LD5000013381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

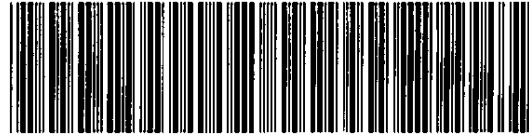
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400186234014

10/08/10--01022--005 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -8 AM 11:51

FILED

J. SAULSBERRY  
EXAMINER

OCT 11 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Kidney Institute of Naples, LLC  
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:

Mark S. Russo, MD, PhD  
Name of Person

Kidney Institute of Naples, LLC  
Firm/Company

878 109<sup>th</sup> Avenue No  
Address

Naples, FL 34108  
City/State and Zip Code

lorionaplesnephrology.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laureen Marino at 239 513-1002  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 OCT -8 AM 11:51

FILED

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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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**

Kidney Institute of Naples, 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 2/4/2005 and assigned Florida document number 205000013381

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

Same

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

Same

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2010 OCT -8 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:**

Mark S Russo, MD, PhD

**New Registered Office Address:**

878 109th Ave No

Enter Florida street address

Naples

City

Florida

34108

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 608, 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.*

Mark S. Russo

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Mark S Russo, MD, PhD	878 109 <sup>th</sup> Ave NW NAPLES, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	The Kidney Group, LLC	878 109 <sup>th</sup> Ave NW NAPLES, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

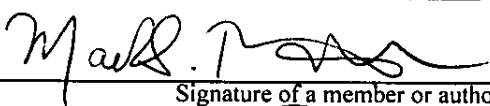
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2010 OCT -8 AM 11:51

FILED

Dated 10/5, 2010.

  
 Signature of a member or authorized representative of a member  
Mark S Russo, MD, PhD  
 Typed or printed name of signee