

L10000056051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

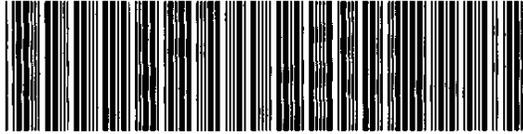
(Business Entity Name)

(Document Number)

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07/16/10--01018--009 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 16 PM 12:20

T. HAMPTON  
JUL 19 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMERICARE RENAL CENTER, 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:

**CARLOS GONZALEZ**  
Name of Person

**AMERICARE RENAL CENTER, LLC**  
Firm/Company

**2601 SW 37th AVE STE 138**  
Address

**CORAL GABLES, FL 33133**  
City/State and Zip Code

**CGONZALEZ@TAMACHGROUP.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CARLOS GONZALEZ** at ( **305** ) **992-6126**  
Name of Person Area Code & Daytime Telephone Number

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**

**AMERICARE RENAL CENTER, 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 05/24/2010 and assigned Florida document number L10000056051.

This amendment is submitted to amend the following:

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

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

2601SW 37th AVE  
STE 138  
CORAL GABLES, FL 33133

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:**

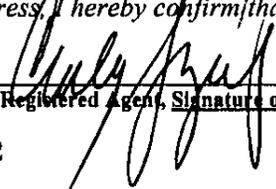
Name of New Registered Agent: CARLOS GONZALEZ

New Registered Office Address: 2100 PONCE DE LEON BLVD STE 1203  
*Enter Florida street address*

CORAL GABLES, Florida 33134  
*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 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.*

  
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:**

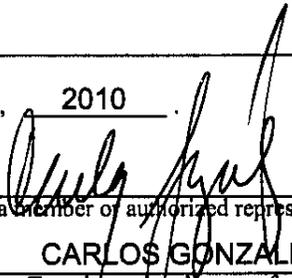
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GIRALDEZ, ANGEL	2601 SW 37th AVE STE 138 CORAL GABLES, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FEDERICO DUMENIGO	2601 SW 37 th AVE STE 138 CORAL GABLES, FL 33133	<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.)**

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

Dated 07/13, 2010



Signature of a member or authorized representative of a member

CARLOS GONZALEZ

Typed or printed name of signee

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 10 JUL 16 PM 2:28