

M13000006787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NXSTAGE NORTH PALM BEACH COUNTY, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTEN THOMPSON

Name of Person

NXSTAGE MEDICAL, INC.

Firm/Company

350 MERRIMACK STREET

Address

LAWERENCE, MA 01843

City/State and Zip Code

KRTHOMPSON@NXSTAGE.COM

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

For further information concerning this matter, please call:

KRISTEN THOMPSON at (978) 655-2041

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: NXSTAGE NORTH PALM BEACH COUNTY, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: OCTOBER 25, 2013

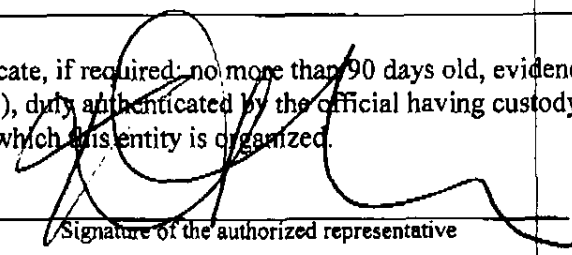
SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: NKC BOCA RATON, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

KRISTEN THOMPSON

Typed or printed name of signee

Filing Fee: \$25.00

11/17/2013 11:17:00
NXSTAGE
\$25.00

Delaware

The First State

PAGE 1

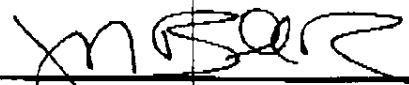
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NXSTAGE NORTH PALM BEACH COUNTY, LLC", CHANGING ITS NAME FROM "NXSTAGE NORTH PALM BEACH COUNTY, LLC" TO "NKC BOCA RATON, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2013, AT 11:40 O'CLOCK A.M.

5349030 8100

140053541

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1063149

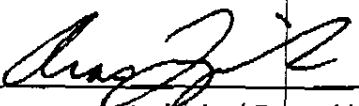
DATE: 01-15-14

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: NXSTAGE NORTH PALM BEACH
COUNTY, LLC
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

THE NAME OF NXSTAGE NORTH PALM BEACH COUNTY, LLC HAS BEEN
CHANGED TO NKC BOCA RATON, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3RD day of DECEMBER, A.D. 2013.

By: 
Authorized Person(s)

Name: ARAS LAPINSKAS

Print or Type