M13000006787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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1/17

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

CR2E055 (12/13)

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

Delaware

The First State

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.

Jeffrey W. Bullock, Secretary of State

5349030 8100

140053541

AUTHENTICATION: 1063149

DATE: 01-15-14

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

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:40 AM 12/17/2013
FILED 11:40 AM 12/17/2013
SRV 131445995 - 5349030 FILE
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