

M1800000/533

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H19000012039 3))



H190000120393ABCZ

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 12016000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

19 JAN 10 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAVITA MEDICAL MANAGEMENT SERVICES NEVADA,
LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DEC 15 2019

A. LUNT

2019 JAN 14 PM 2:37

Kim Tadlock

From: faxfinder@capitol-services.com
Sent: Thursday, January 10, 2019 5:36 PM
To: Kim Tadlock
Subject: FaxFinder Fax Notification: Failed to send fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20190110_163543_00001D68-0000.pdf

Create Time: 01/10/2019 03:51:25 PM
Schedule Time: 01/10/2019 04:35:43 PM
State: failed
Schedule Message: fail
Hangup code: 0
Try #: 5
Username: admin
Sender name: Kim Tadlock
Sender email: ktadlock@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject:
Max tries: 5
Try interval: 600
Priority: 3
Pages: 5
Recipient fax: 850-617-6383
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

***This was originally faxed on 1/10/19,
but your fax machine is still having
issues. Please give 1/10/19 as the
file date.*****

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: DaVita Medical Management Services Nevada, LLC

Enter new principal office address, if applicable: 601 Hawaii Street, Attn: JDL/SBCGOVFIN
El Segundo, CA 90245
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 601 Hawaii Street, Attn: JDL/SBCGOVFIN
El Segundo, CA 90245
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000001533

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 02/13/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")
HealthCare Partners Management Services Nevada, 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.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street 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

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TALLAHASSEE, FLORIDA

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 SECRETARY OF STATE

9. Attached is a 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.

Chan-Chou Chuang

Signature of the authorized representative

Chan-Chou Chuang, M.D.

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, Barbara K. Gegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that on September 28, 2018, a Certificate of Amendment to its Articles of Organization changing the name to HEALTHCARE PARTNERS MANAGEMENT SERVICES NEVADA, LLC, was filed in this office by DAVITA MEDICAL MANAGEMENT SERVICES NEVADA, LLC. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 10, 2019.

Barbara K. Gegavske
Secretary of State



Certified By: Rhonda Tuin
Certificate Number: C20190108-0430