## 521520

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Nephcolo	ogy Alssociates of Sarasota
document number: 52/520	/
The enclosed Articles of Amendment and fee are subm	itted for tiling.
Please return all correspondence concerning this matter	to the following:
Nephrology +  Nephrology +  1921 Walde  Sarasota  tammy @ sarasot  Email address: (to be used	SSC. ates of Sarasota Firm/Company  Meye St # 413  Address  FL 34239  City/State and Zip Code
For further information concerning this matter, please e	all:
Tammy Hayb Jame of Contact Person  Enclosed is a check for the following amount made pay	at (941) 917-6585 Area Code & Daytime Telephone Number
_	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	on as currently fil	ed with the Florida Do	ept. of State)		
(Docum	nent Number of Co	rporation (if known)			<del></del>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Floa	ida Profit Corporation	adopts the followi	ng amendme	ent(s) to
A. If amending name, enter the new name of the co	rporation:				
				The new	17
name must be distinguishable and contain the work "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc," or "Co"	. A professional corpe			
B. Enter new principal office address, if applicable	20 Singl office address, if applicables				
(Principal office address MUST BE A STREET ADD			ر ا	FEB	
	-			<u> </u>	مصدري <sub>م</sub> الانتزوج
	-		<u>ح</u> ن		8 3 4
C. Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> ) _			AH 11: 43	
	_			<u></u> ω	
	_				
D. If amending the registered agent and/or register new registered agent and/or the new registered		in Florida, enter the n	ame of the		
Name of New Registered Agent				<u> </u>	
	(Florida street e	(ddress)		_	
New Registered Office Address:			Florida		
	ıCit	17	(Zip	Coder	
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered agent.	l am familiar with	and accept the obligation	ons of the position.		
				_	
Sien	ature of New Reen	served Avent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	PT	John Doe	<u>:</u>			
X Remove	V	Mike Jor	<u>ies</u>			
_X Add	<u>SV</u>	Sally Sm	<u>ith</u>			
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s	
1) Change	ρ		Domen:ck	Cover	1921 Woldemere Sarasota, FC	st 413
Add Remove				z mp	Sarasota, FC	
2) Change Add	_D	_	Betzaida	Rodriguez	1921 Waldemere Sarasota FL	st 413
Remove					34239	
3 ) Change Add		-				
Remove						
4) Change		_		<del></del>		
Add Remove						
5) Change						
Add		_				
Remove						
б) Change	<del></del>	_				
Add						
Remove						

<u>If amending or addir</u> Attach <i>additional she</i>	ets, if necessary).	(Be specific)	· <u></u>		
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provisions for imple	ementing the amen	dment if not conta	ined in the amen	dment itself:	
(if not applicabl	e, indicate N/A)				
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The date of each amendment(s) add late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	(s)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and sharehold	ler
action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated <i>O</i> / -	24-2019	
Signature		
(By a dir selected.	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other cot d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
-	Treasuren (Title of person signing)	
	The second second	2
		TALLAHASSEE
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