## L1000005605/

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DIVISION OF CORPORATION

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T. HAMPTON Aug-32010 EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Cor		·	
SUBJE	·CT·	AMERICARE F	RENAL CENTER, LLC	
SOBUL			ited Liability Company	
		,	•	
The end	closed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please 1	return all correspo	ndence concerning this matter	r to the following:	
CA			CARLOS GONZALEZ	
			Name of Person	
	**	AMERIC	CARE RENAL CENTER, LLC	
			Firm/Company	
2601			SW 37th AVE STE #138	
			Address	
			MIAMI, FL 33133	
			City/State and Zip Code	
		CGONZAI	LEZ@TAMACHGROUP.COM (to be used for future annual report notification)	
For fur	ther information c	oncerning this matter, please o		
	CARL	OS GONZALEZ	at ( 305 ) 992-6126	
		f Person	Area Code & Daytime Telephone Number	
		ne following amount:	<u> </u>	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)	l)
· .	Registr Division P.O. B	ation Section on of Corporations ox 6327 assee, 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 RE	NAL CENTER	ПС	SECT VISION
(Name of the Limited Liability Com (A Florida Limite	pany as It now appea d Liability Company)	rs on our records.)	RETARION OF C
The Articles of Organization for this Limited Liability Compa	ny were filed on	05-24-2010	and assigned \_
Florida document numberL10000056051			STATE ORATIO
This amendment is submitted to amend the following:			SNS
A. If amending name, enter the new name of the limited li	ability company he	re:	
		~	
The new name must be distinguishable and end with the words "Luc."	mited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	· - <u></u>		
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter t	he name of the new
,		!	
Name of New Registered Agent:		· ·	
New Registered Office Address:	•••		
	E	nter Florida street add	ress
		, 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 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 **Type of Action Address** Title <u>Name</u> **MGR** FEDERICO DUMENIGO ✓ Add Remove ☐ Add Remove Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authoriz sentative of a member CARLOS GONZALEZ Typed or printed name of signee - Page 2 of 2

Filing Fee: \$25.00