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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section,
Division of Corporations**

SUBJECT: **CROWN DIALYSIS CENTER OF PALM BEACH, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bharat K. Gupta

Name of Person

Crown Dialysis Center of Palm Beach, LLC

Firm/Company

4701 North Federal Highway

Address

Boca Raton, Florida 33431

City/State and Zip Code

bguptamd@gmail.com

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

FILED
12 OCT -3 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bharat K. Gupta

Name of Person

at (**954**) **993-5757**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

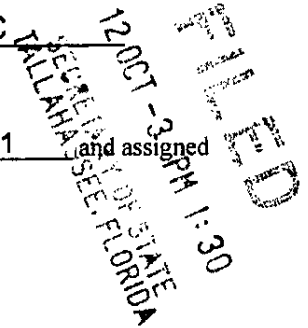
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

CROWN DIALYSIS CENTER OF PALM BEACH, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 9, 2011 and assigned
Florida document number L11000091553.



This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|--|--|
| MGRM | Amba Limited Partnership | 30 Compass Isle Fort Lauderdale, FL 33308 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Amba Limited Partnership | 30 Compass Isle Fort Lauderdale, FL 33308 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article VII is hereby inserted into the Articles of Organization.

ARTICLE VII: MEMBERSHIP UNITS: Crown Dialysis Center of Palm Beach,
LLC has 100 membership units.

Dated Sept. 28, 2012

Bharat Gupta

Signature of a member or authorized representative of a member

BHARAT K. GUPTA

Typed or printed name of signee

AMENDED ARTICLES OF ORGANIZATION OF CROWN DIALYSIS CENTER OF PALM BEACH, LLC

In accordance with the provisions of Florida Statutes Sections 608.411, CROWN DIALYSIS CENTER OF PALM BEACH, LLC, a Florida limited liability company, hereby amends its Articles of Organization, filed on August 9, 2011, as follows:

1. The text of the amendment is as follows:

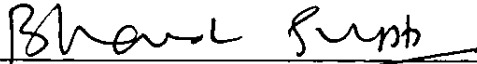
Article VII of the existing Articles of Incorporation of the Corporation, which relates to membership units, is hereby inserted:

ARTICLE VII MEMBERSHIP UNITS

Crown Dialysis Center of Palm Beach LLC has 100 membership units.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal this 28 day of September, 2012.

CROWN DIALYSIS CENTER OF PALM BEACH, LLC



BHARAT K. GUPTA

Amba Limited Partnership, Manager

CERTIFICATE OF APPROVAL OF CROWN DIALYSIS CENTER OF PALM BEACH, LLC

This Amendment to the Articles of Organization seeks to insert Article VII, a new provision providing for one hundred (100) membership units.

The undersigned has executed this Certificate of Approval as of the 28 day of September, 2012.

CROWN DIALYSIS CENTER OF PALM BEACH, LLC



BHARAT K. GUPTA

Amba Limited Partnership, Manager