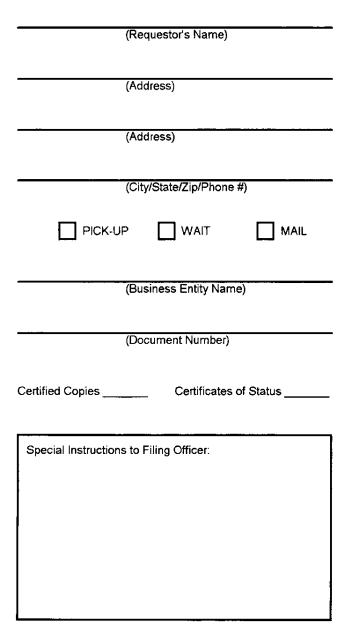
## L12000029704







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SECONDAY -9 AH IO: 14

B. BOSTICK
MAY 11 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp						
SUBJE	CT:	IHS of So	uth Florida, LLC				
5000			ed Liability Company				
		Amendment and fee(s) are sub	-				
		Je	essica D. Shaw, Esq.				
			Name of Person				
			IHS Dialysis, Inc.				
			Firm/Company				
		8461 La	8461 Lake Worth Road, Suite 185				
Lake Worth, FL 33-							
			City/State and Zip Code				
		jsh E-mail address: (t	12 MAY -9 SEUKLIDAK				
For fur	ther information co	oncerning this matter, please co		ort notification)	HAY -9 A		
	lanaina	D Chau Fac	504	240 4426			
	Name of	a D. Shaw, Esq.	at ( 561 ) Area Code &	340-1426  Daytime Telephone Number	AMIO: 14 OF STATE SEE, FLORIDA		
Enclos	ed is a check for th	e following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	te of Status &		
	MAILI	NG ADDRESS:	STREET/O	COURIER ADDRESS:			

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IHS of South	n Florida, LLC			
(Nam	e of the Limited Liability Comp (A Florida Limited	pany as it now appeal Liability Company)	rs on our records.)	<del></del>	
The Articles of Organization fo	r this Limited Liability Compar	ny were filed on	March 1, 2012	and assigned	
Florida document number	L12000029704				
This amendment is submitted to	amend the following:				
A. If amending name, enter t	he new name of the limited liz	ability company he	<u>re</u> :		
The new name must be distinguis: "L.L.C."	nable and end with the words "Lin	mited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices ac	ldress, if applicable:				
(Principal office address MUS	T BE A STREET ADDRESS)			2 7 7	
				102 0 mm	
Enter new mailing address, if	annlicable:				
(Mailing address MAY BE A F	••			100	
				20 F	
B. If amending the register registered agent and/or the ne			our records, enter t	he name of the new	
Name of New Registe	red Agent:				
New Registered Office	e Address:				
		Enter Florida street address			
		City	, Florida	Zip Code	
		City		enp cour	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nelson Shaller	8461 Lake Worth Road, Suite 185 Lake Worth, FL 33467	Add  Remove
MGRM_	Kathleen McDonnell	8461 Lake Worth Road, Suite 185 Lake Worth, FL 33467	Add _√ Remove
MGRM	IHS Dialysis, Inc.	6001 Broken Sound Pkwy, Suite 502 Boca Raton, FL 33487	✓ Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	2 MAY -9 MA
Dated	April 25 ,,	12	
	Signature of a member of	or authorized representative of a member	<del></del>
		ica D. Shaw, Esq.	
	Typea C	or printed flame of signee	

Page 2 of 2

Filing Fee: \$25.00