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(Re	questor's Name)	<u> </u>
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11/16/17---01034--023 **25.00
21/16/17--01034--023 **25.00

J. HARRIS

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Company N	ame Spelling Correction		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Myrlene Barrera		
			Name of Person	
		Nephro Billing Manageme	nt, LLC	
			Firm/Company	
		50 East Sample Road, Suit	e 303	
			Address	***
		Pompano Beach, FL 3306-	1	
			City/State and Zip Code	
		renal@nsyncorp.com		
For further i	nformation ed	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	ication)
Myrlene Ba	ггега		305 778-8277 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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/COURTER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nephro Billing Managment, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	 -
The Articles of Organization for this Limited Liability (Company were filed on U7/27/2017	and assigned
Florida document number L17000165452	<u></u> .	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Nephro Billing Management, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		の # で
(Mailing address MAY BE A POST OFFICE BOX)		
marios mil be a fost of fice body		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>en</u> <u>lress here</u> :	ter the <u>name</u> of the nev
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	<u></u>
	, Florida	
	City	Zin 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
7.			Add
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	re date, if other than the date of filing:) g.) Pursuant	to 605.02
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Filing Fee: \$25.00