

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L19000082894**

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dr.maulikgovani@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAYTONA BEACH NEPHROLOGY, LLC

Certificate of Status	0
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L. Brumley

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: Daytona Beach Nephrology, 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:

Mary Kate Mahoney, Esq.

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

dr.maulikgovani@gmail.com

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

For further information concerning this matter, please call:

Mary Kate Mahoney, Esq.

904

297-0981

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daytona Beach Nephrology, 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 03/26/2019 and assigned Florida document number 1.19000082894.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

544 Health Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Daytona Beach, FL 32114

Enter new mailing address, if applicable:

544 Health Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Daytona Beach, FL 32114

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:

Maulik Govani

New Registered Office Address:

544 Health Blvd.

Enter Florida street address

Daytona Beach

City

Florida

32114

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 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.

DocuSigned by

Maulik Govani

17B57C13803E43F

If Changing Registered Agent, Signature of New Registered Agent

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If adding 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>	<u>Address</u>	<u>Type of Action</u>
MBR	Rajdeep Gadh	3865 Windmill Lakes Rd	<input type="checkbox"/> Add
		Weston, FL 33332	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Govani Kidney Care, LLC	544 Health Blvd.	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 5, 2023

DocuSigned by
Maulik Govani
170520130036438
Signature of a member or authorized representative of a member

Maulik Govani in his capacity as CEO of Govani Kidney Care, LLC

Typed or printed name of signee

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Filing Fee: \$25.00