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COVER LETTER

Division of Corporations
SUBJECT: KICKLEY HUS Partners, 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:
Abdur Baig, MD
Kidney Plus Partners, LLC
6442 NW 102nd Terrace
Parkland FL 33076 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Abdur Baig MD at (954) 599-1890 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compan (A Florida Limited Li	Y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 190035546	were filed on $\frac{10/07/30}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	73
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1: 30
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	P. O. M. C.	
	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 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

Title MAR	Abdur Baig	Address 6442 NW 102nd Tev Parkland, FL 3307	Type of Action Add Remove
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Note: If the date inserted in	date must be specific and cannot	ot be prior to date of filing one applicable statutory f	(optional) or more than 90 days after filing.) I illing requirements, this date w	Pursuant to 605,0207 (3) rill not be listed as the
If the record specifies a c (b) The 90th day after t	lelayed effective date, the record is filed.	but not an effectiv	e time, at 12:01 a.m. o	n the earlier of:
Dated 1112 20	19			
	Signature of a member	er or author/ed representa	tive of a member	
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Filing Fee: \$25.00