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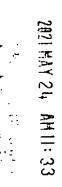
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Registration Section

Division of Corporations

TO:

SUBJECT:	PROPHYLAXIS I	IEAETH MANAGEMENI, 143	
	- ·- · · · · · · · · · · · · · · · · ·	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul-	omitted for filing.	
	ondence concerning this matter	-	
		BATRONY BAZILME	
		Name of Person	
	PROPI	HYLAXIS HEALTH MANAGEMENT, LLC Firm/Company	
		P.O BON 16601	
		Address	
	WEST	PALNI BEACH, FLORIDA 33416	
	SAR	City/State and Zip Code EP FADIALYSISCENTER® GMAIL.COM	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
i or turner interminency; c	omeering this matter, please c	au.	
BATRON Name o	ry <u>Bazil Me</u> f Person	at (<u>561</u>) Area Code Daytin	Hu- 8361 ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	
Tallahassee, 1			ramanassee be Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PROPHYLAXIS HEALTH MANAGEMENT, LLC

The Articles of Organization for this Limited Liability Company via Florida document number 1.20000226940 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil		and assigned
SAREPTA DIALYSIS CENTER, LLC	nty tompany nert.	<i>,</i> .
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1615 S. CONGRESS AV	E SUITE 103
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH FL3	3445
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	P.O BOX 16601 WEST PALM BEACH F	T. 33416
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, o	
Name of New Registered Agent:		
New Registered Office Address:	1615 S. CONGRESS AV	
DIT	Enter Florida street .	
	LRAY BEACH	Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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

H 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
OWNER	BATRONY BAZILME	1565 QUAIL LAKE DR APT F-104 WEST PALM BEACH FL 33409	⊠Add
•			□Remove
			□Change
P <u>RESIDEN</u> T	STEPHEN-FILS BAZILME	12758 WOOD HOLLOW DR APT 1721 WOODBRIDGE VA 22192	🛛 🗖 Add
			□Remove
		 -	Change
/ICE - PRESIDENT	SHANLAY ETIENNME	301 CLUB CIR APT 103 BOCA RATON FL 33487	⊠ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			🗀 Add
			□ Remove
			□Change

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	(optional) ays after filing.) Pursuant to 605.020" (
	