

h20 000226940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

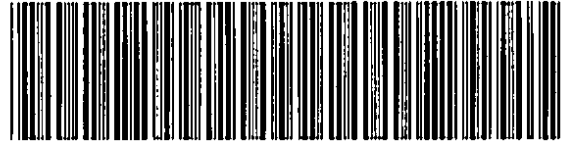
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MAY - 4 2022

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04/05/22--01023--011 **20.00

FILED
2022 APR -5 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAREPTA DIALYSIS CENTER, 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:

BATRONY BAZILME
Name of Person

SAREPTA DIALYSIS CENTER, LLC
Firm/Company

P.O BOX 16601
Address

WEST PALM BEACH, FLORIDA 33416
City/State and Zip Code

SAREPTADIALYSISCENTER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BATRONY BAZILME
Name of Person

at (561)

Area Code

410 - 8361
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

SAREPTA DIALYSIS CENTER, 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 08/06/2020
Florida document number L20000226940

FILED
2022 APR -5 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SAMCare, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1565 QUAIL LAKE DR APT F-103

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 16601

WEST PALM BEACH FL 33416

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:

BATRONY BAZILME

New Registered Office Address:

1565 QUAIL LAKE DR APT F104

Enter Florida street address

WEST PALM BEACH

Florida

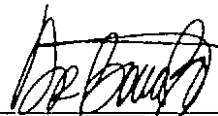
33409

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BATRONY BAZIL ME	1565 QUAIL LAKE DR APT F-104 WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Change
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[illegible]

(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)

Dated _____, _____

[Signature]

Typed or printed name of signee