LZO OCC 375240

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration So Division of Cor					
	LORIDA KIDNEY CENTER,	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TIMOTHY S. DEAN				
		Name of Person			
	DEAN LAW FIRM, LLC				
		Firm/Company			
	230 NE 25TH AVENUE.	SUITE 300	•	2020 S 15	
		Address	· .		٠
	OCALA, FL 34470		: 	2020 DEC 11 PM 2: 09	
		City/State and Zip Code	[]	2월 🛂	
	TIM@DEANFIRM.COM		-	ມ <u>≥:</u> ມີດີ ເວັ	i,
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	dication)	11E	
TIMOTHY DEAN		352 387-8700			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632		The Centre of 7		10	
Tallahassee,	rl 32314	Z413 IN. IVIONFO	e Street, Suite 81	. υ	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH FLORIDA KIDNEY CENTER, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 30, 2020	and assigned
lorida document number L20000375240		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ORTH FLORIDA KIDNEY CARE, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	
inter new principal offices address, if applicable:		2020
Principal office address MUST BE A STREET ADDRESS)	(- 13) (- 13)	030
	550 550	
nter new mailing address, if applicable:	SEE.S	
Mailing address MAY BE A POST OFFICE BOX)	FA	0
Hanting undress MAT BE A FOST OFFICE BOX		•
. If amending the registered agent and/or registered office	address on our records, enter the name	of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
No. 10 Carry 1 Office Addition		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City , Florida	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			S 2020 □ Add
			PM COSSES, FI.
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Effective date, if other than the d	ate of filing:	NOVEMBE	ER 30, 2020		(optional)		
f an effective date is listed, the date must b Note: If the date inserted in this bloc	e specific and c	cannot be prior	to date of filing	or more than 90	days after filing.) P	ursuant to	605.0207 listed as t
document's effective date on the Dep				ming requirem	ienis, tins date wi	iii iioi be	risted us
e record specifies a delayed effective or rd is filed.	late, but not a	ın effective ti	me, at 12:01 a	i.m. on the earl	ier of: (b) The 9	90th day a	ifter the
DECEMBER 10		2020					
		>					

Filing Fee: \$25.00