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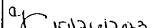
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COVER LETTER

	ustration Section of Corp				
	KIDNEYSPA	A AT LEON MEDICAL CEN	TER LLC		
SUBJECT:		Name of Lim	ited Liability Company	·	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		JOSEPH A. SERRONE			
			Name of Person		
		POLARIS TAX & ACCOU	UNTING		
			Firm/Company		
		140 S. UNIVERSITY DRI	VE SUITE B		
			Address	·	
		PLANTATION FL 33324			
			City/State and Zip Code		
		INFO@POLARISTAXANI	DACCOUNTING.COM to be used for future annual repor	Thirtifogation)	
K. or Burtlan l	a Exercation	neerning this matter, please ca		(Hotticaron)	
JOSEPH A.		neering this maner, preuse co	704 947.317	8	
Name of Person			aytime Telephone Number		
finclosed is a	i check for the	following amount:			
III \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Address:		Street Addres		
	gistration So vision of Co		Registration Section Division of Corporations		
	D. Box 6327			of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OST 17 PM 1: 34

KIDNEYSPA AT LEON MEDICAL 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 09/08/2022	and assigned	
Florida document number 1.22000385532			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KIDNEYSPA AT BIRD ROAD, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered	
agent and of the new registered wines address nere.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addres	8	
	, FR	o rida 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

.

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Remove
		<u></u>	□Change
		 	□Add
			□Remove
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Effective date, if other than the date if an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	specific and cunnot be prior does not meet the applic	able statutory filing	(optional) ore than 90 days after filing.) requirements, this date w	Pursuant to 605,0207 (3 rill not be fisted as th
he record specifies a delayed eff The 90th day after the record		ot an effective ti	me, at 12:01 a.m. o	n the earlier of:
Dated OCTOBER 14	2023	·		
O(O)S				
Sign	nature of a member or auth	orized representative	of a member	

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