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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE
JAN 1 3-2012
EXAMINER

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of C	Corporations				
SUBJECT:	Intercoastal Urg	gent Care Associates, PL			
		nited Liability Company	-		
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
		Gary L. Steadman	_		
		Name of Person			
		Doctors Express	_		
	Firm/Company				
		1530 4th Street North			
St. Petersburg, FL 33704 City/State and Zip Code		_			
		t. Petersburg, FL 33704		73	
			- <u>*</u>	JAN	
	gstead	dman@doctorsexpress.com (to be used for future annual report notification)	2S.	-9	
F 0 4 1 0 4			$\lim_{n \to \infty} \frac{1}{n}$	=	
For further informatio	n concerning this matter, please	call:	S.	=======================================	
- Ga	ary L. Steadman	at (_727) 821-8700		660 —	
Nam	ne of Person	Area Code & Daytime Telephone Numb	er _		
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 F	Filing Fee		
	Certificate of Status	Certified Copy Certifie (additional copy is enclosed) Certifie	cate of Street Copy onal copy	atus &	
	ILING ADDRESS:	STREET/COURIER ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intercoastal	Urgent (Care Associa	ites, PL			
(<u>Name of the Limited Lial</u> (A Flor	rida Limited I	ny as it now appe Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liabili	ity Company	were filed on	August 3, 201	0	and ass	signed
Florida document numberL10000081184	<u>4</u> .					
This amendment is submitted to amend the followin	g:					
A. If amending name, enter the new name of the	limited liab	ility company he	ere:			
Intercoastal	Urgent Ca	re Associates	, LLC			
The new name must be distinguishable and end with the 'L.L.C."	words "Limi	ited Liability Comp	pany," the designation	ı "LLC"	or the	abbreviation
Enter new principal offices address, if applicable:		1530 4th Str	eet North	22-64	~~	
(Principal office address MUST BE A STREET ADDRESS)		St. Petersbu	rg, FL 33704		<u> </u>	aborat Brain B
				12 × 3	<u>.</u>	-
Enter new mailing address, if applicable:		1530 4th Str	eet North	RY OF	2	
Mailing address MAY BE A POST OFFICE BOX)		St. Petersbu	rg, FL 33704	ORIDA - ORIDA	 : - - -	
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent: New Registered Office Address: 15		e: reet North			ame o	of the new
		• —	nter Florida street a			
	St.	Petersburg	, Florida		3370	
		City		Z_{l}	ip 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRN	M Gary L. Steadman	1530 4th Street North St. Petersburg, FL 33704	Add Remove
MGRM	Daisy U. Steadman	1530 4th Street North St. Petersburg, FL 33704	✓ Add ☐ Remove
MGRN	M Hedy Urueta Mazzilli	783 South Orange Avenue, #210 Sarasota, FL 34236	Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary	
	The purpose for which this Limi	ted Liability Company is organized is:	
	of Florida, other than profession	allowed under the laws of the State	12 JAN
		al Services Corporation and Limited Liability	
Dated _	December 12 ,	2011	FISIALE ST
	(/)	nember or authorized representative of a member	
		Hedy Urueta Mazzilli	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00