DIOOOOTIL

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EXAMINER

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SECRETARY OF STATE
TABLE-MARKETS FLORING

COVER LETTER

T 心 :	Registration S Division of Co				
SUBJI	ECT:	A Plus Urgent (Care of Hollywood, Ll	.C	
			ited Liability Company		
The en	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	oondence concerning this matte	r to the following:		
			Aleksandr Kruchakov		
	Name of Person				
	A Plus Urgent Care of Hollywood			od	
	Firm/Company				
		1531 N. Federal Hwy			
			Address		
			Hollywood, FL 33020		
			City/State and Zip Code		
		Ale	ksKruchakov@aoi.com to be used for future annual report n		
For fur	ther information	concerning this matter, please		otification)	
	Aleks	sandr Kruchakov	at (_954_)	922-1270	
	Name	of Person		rtime Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 passee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Plus Urgent Care of Hollywood, LLC					
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.			
The Articles of Organization for this Limited Liabil Florida document numberL0700007717		07/26/2007 and assigned			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviation			
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 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:	leksandr Kruchakov	<u>X</u> io			
New Registered Office Address: 1	531 N. Federal Hwy	0 00			
	Ente Hollywood	r Florida street address 33020			
	City	Ziprode			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered ag the provisions of all statutes relative to the propo- accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this change	er and complete performance o ed agent as provided for in Cha stered office address, I hereby	f my duties, and I am familiar with and apter 60%, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Mikhail Zelfman	1531 N. Federal Hwy Hollywood, FL 33020	Add ✓ Remove
			[] n
			□ D
			<u> </u>
			□ Damaua
			— n
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if ne	cessary.)
_			
Dated	September 29		
	Signature	of a member or authorized representative of a member	
		Aleksandr Kruchakov	
		Typed or printed name of signee	

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Filing Fee: \$25.00