LOF0000 42557

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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J Shivers APR 27



	gistration Sec vision of Corp			
and recon	HealthPo	int Walk-In Care, LLC		
SUBJECT:		Name of Lin	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspor	dence concerning this matter	to the following:	
		Legal Services Depa	artment	
			Name of Person	
		BayCare Health Sys	stem, Inc.	
			Firm/Company	
		2985 Drew Street		
			Address	
		Clearwater, Florida	33759	
			City/State and Zip Code	
		legal.services@bayc	-	
		·	to be used for future annual report notifi	ication)
For further i	nformation co	ncerning this matter, please co	all:	
Jennifer	Touse		727 519-1881 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed 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 enclosed)	☐ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HealthPoint Walk-In Care, LLC			
(Name of the Limited Linbility (A Florida I	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on April 24, 2008	and ass	signed
Florida document number L08000042597	- '		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:		
BayCare Medical Group Pediatric Walk-In Care	e, LLC		
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "!	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)		
		APR	
Enter new mailing address, if applicable:			enans
· 11			14 mal -
(Mailing address MAY BE A POST OFFICE BOX)			118
		- For 10	
3. If amending the registered agent and/or registe	and office address on our records ente	r the frames	of the ne
cgistered agent and/or the new registered office addre	ess here:	> ine-manua	of the ne
		•	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		<u> </u>
	. 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	lanager uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
,			☐ Add
			□ Remove
		HAM ARTYRA HERY	
			☐ Remove
			□ Add
			□ Remove
			□ ∧dd
			Remove
			☐ Add
			□ Remove

if amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·	
(1110 0110011	e date, if other than the date of filling: May 1, 2015 (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	APRIL 15 , 2015
	Signature of a member or authorized representative of a member KEVIN L. CORRIGAN

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEE, FLERING