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Division of Corporations

Fax Number

: (850)617-6383

From:

: GASSMAN, CROTTY & DENICOLO, P.A. Account Name

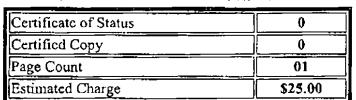
Account Number : 075350000514 Phone : (727)442-1200

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**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please 2

Email	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER URGENT CARE OF THE VILLAGES LLC



Electronic Filing Menu Corporate Filing Menu

Help

J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER URGENT CARE OF THE VILLAG					
(Name of the Limited Liability (A Florida L	Company as it now appears of Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2/1/2	010	anç	d assign	ned
Florida document number L1000011612	· · · ——				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here	:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the abl	oreviatio	n "L.L.C	· **
Enter new principal offices address, if applicable:			} -	201	
(Principal office address MUST BE A STREET ADDRE	ESS)		بول ع	و ج	Bade y and
				25	M.P. Littley
				7	ly
Enter new mailing address, if applicable:			,, ·]#2× 140,0	
Mailing address MAY BE A POST OFFICE BOX			di.	င္ဟာ	
	-		iii :	0	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	red office address on o	ur records, <u>enter t</u>	the nai	me of	the ne
New Registered Office Address:					
	Enter Florida	street address			
	Control	, Florida	Zip Co		
	City		Zip Co	ode	

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	Address	Type of Action
MGRM	DINESH KHANNA MD PA	1580 SANTA BARBARA BLVD	
		THE VILLAGES, FL 32162	■ Rcmove
			Change
MGR	DINESH KHANNA	11049 Bridge House Rd	
		Windermere, FL 34786	D Remove
			Change
			D Add
	·		□ Remove
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	CAMELIA CROTTE, E		ped or printed name				7	[]
	KENNETH J. CROTTY, E		nber or authorized r		nember	b :	1	Tables of the same
	frent Ca	A C	Non-on-on-on-on-on-on-on-on-on-on-on-on-o				. 1 182	ومعيا از
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The 90	Ith day after the record	l is filed.			,			
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Filing Fce: \$25.00