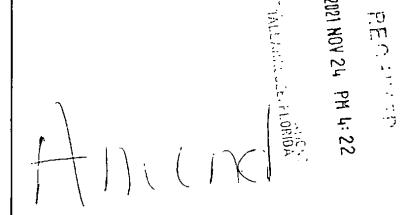
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Filing Officer:		





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342=8062 • Fax (850) 222-1222

XPRESS URGENT	CARE, LLC				
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Requested by: SN	11/24/21		UCC 1 or 1	3 File	
Name		 Time	UCC 11 Se	earch	
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Walk-In	Will Pick Up		Courier		

COVER LETTER

TO: Registra Division	tion Section of Corporations		
Xpre SURJECT:	ss Urgent Care, LLC		
	Name of	f Limited Liability Company	
The enclosed Artic	eles of Amendment and fec(s) are	submitted for filing.	• • •
Please return all co	orrespondence concerning this ma	atter to the following:	•
	Earl Bagan		
		Name of Person	
	Xpress Urgent Care, L	LC	
		Firm/Company	
	P.O. Box 4189		
		Address	
	Deerfield Beach, FL 33	3442	
	ebagan@memhealtheare	City/State and Zip Code	
For further informat	E-mail address tion concerning this matter, pleas	ss: (to be used for finure annual report notification)	
- Earl Bagan	2 · · · · · · · · · · · · · · · · · · ·		
N:	ume of Person	954 363-9595 ext 8056 at ()	•
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ce	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	latus &
Mailing Ad		Street Address:	
	on Section of Corporations	Registration Section	
P.O. Box		Division of Corporations The Centre of Tallahassee	
Tallahasse	ee. FL 32314	2415 N. Monroe Street Spine 816	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xpress Urgent Care, 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 1/30/2012 and assigned? Florida document number | L12000014125 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: $n_{i,i}$ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LTC" Enter new principal offices address, if applicable: **Xpress Urgent Care** (Principal office address MUST BE A STREET ADDRESS) 1950 W Hillsboro Bivd., Suite 201 Deerfield Beach, FL 33442 Enter new mailing address, if applicable: Xpress Urgent Care (Mailing address MAY BE A POST OFFICE BOX) P.O. Box 4189 Deerfield Beach, FL 33442 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:	11-6	
New Registered Office Address:		
	Enter Florida sire	Trukhess
		Florida
	City	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. Thereby 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
n/a			
			□Remove
			DChange
			EJAdd
			[]Remove
			[_]Change
			PAdd
			<u>URemove</u>
			ClChange
			DAdd
			Remove
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			JRemove
			(iChange
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			DRemove
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D-i5	November 23	2021	
Signature of a member or authorized representative of a member			
Signature of a thember or authorized representative of a member		<u></u>	
		Signature of a themper or authorized representative of a member	
		Typed or printed name of signee	

Filing Fee: \$25.00