

L13000154011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

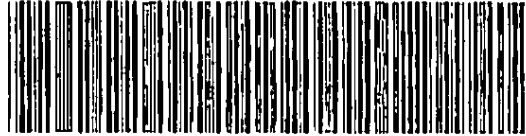
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

OCT - 3 2022

Office Use Only



300395227993

2022 SEP 30 AM 10:58

FILED

2022 SEP 30 AM 10:46

FILED

**CT CORP**

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

**Date:** 09/30/2022

Acc#I20160000072

*an: c DW*

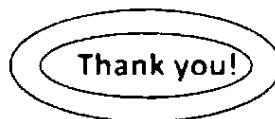
Name:	Baptist Urgent Care, LLC
Document #:	
Order #:	14559641

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00
------------------



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Baptist Urgent Care, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Callahan

\_\_\_\_\_  
Name of Person

Baptist Health Care

\_\_\_\_\_  
Firm/Company

1717 North E Street, Suite 320

\_\_\_\_\_  
Address

Pensacola, Florida 32501

\_\_\_\_\_  
City/State and Zip Code

[liz.callahan@bbcpns.org](mailto:liz.callahan@bbcpns.org)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Callahan

850 469-2459  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2022 SEP 30 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Article IV of the articles of organization of Baptist Urgent Care, LLC is hereby amended and restated to state the following: "The Company is a member-managed limited liability company. The sole member of the Company is Baptist Health Care, Inc., a Florida not for profit corporation formerly known as Baptist Hospital, Inc."

**E. Effective date, if other than the date of filing:** October 1, 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

10/1/22

E Callahan

Signature of a member or authorized representative of a member

Elizabeth Callahan, Authorized Representative, Member

Typed or printed name of signee

**Filing Fee: \$25.00**