

L130001541011

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000320662 3)))



H230003206623ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE
Account Number : 120020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

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

Email Address: jessica.andrade@bhcpns.org

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAPTIST URGENT CARE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2023 SEP 12 PM 4:12

FLORIDA
DIVISION OF CORPORATIONS
DEPT. OF STATE

2023 SEP 12 PM 4:49

Electronic Filing Menu

Corporate Filing Menu

Help, LEM BUX

SEP 13 2023

(((H23000320662 3)))

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:

Jessica C. Andrade

Name of Person

Baptist Health Care, Inc.

Firm/Company

125 Baptist Way, Suite 6A

Address

Pensacola, Florida 32503

City/State and Zip Code

jessica.andrade@bhcpns.org

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

For further information concerning this matter, please call:

Jessica C. Andrade

850

908-7591

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

(((H23000320662 3)))

((H23000320662 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baptist 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 7/7/1998 and assigned
Florida document number L12000154011

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

125 Baptist Way, Suite 6A

(Principal office address MUST BE A STREET ADDRESS)

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

Enter new mailing address, if applicable:

125 Baptist Way, Suite 6A

(Mailing address MAY BE A POST OFFICE BOX)

Pensacola, Florida 32503

Attn: Elizabeth C. Callahan

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:

Elizabeth C. Callahan

New Registered Office Address:

125 Baptist Way, Suite 6A

Enter Florida street address

Pensacola

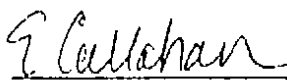
City

Florida 32503

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

((H23000120662 3)))

(((H23000320662 3)))

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Other	Naar, Gina	1717 North F Street, Suite 320	☐ Add
		Pensacola, Florida 32501	☒ Remove
			☐ Change
Authorize Representative	Callahan, Elizabeth C.	125 Baptist Way, Suite 6A	☐ Add
		Pensacola, Florida 32503	☐ Remove
			☒ Change
MBA	Baptist Health Care, Inc	125 Baptist Way, Suite 6A	☐ Add
		Pensacola, Florida 32503	☐ Remove
		Attn: Elizabeth C. Callahan	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H23000320662 3)))

((H23006320662 3)):

1D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: September 23, 2023 (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 50th day after the record is filed.

Dated: September 11, 2023

Callahan

Signature of a member or authorized representative of a member

Elizabeth C. Callahan, Authorized Representative

Typed or printed name of signer

((1123000320662 3))

Filing Fee: \$25.00