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.

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February 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: 7-24 URGENT CARE LLC

REF: L14000012482

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H14000048643 Letter Number: 314A00004453

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

iability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 14000012482 Florida document number 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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

Page 1 of 2

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

MGRM =	Managing Member						
Title	Humberto Urbina	Address	Type of Action Add Remove				
VP	ROSSANA PONTILES	7900 NW 33TH ST. STE 104 Hollywood FL 33024	Add Remove				
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			4 FEB 28 AU CARETARY OF LAHOSSEE, F				
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D. If amo	<u> </u>	e(s) here: (Attach additional sheets, if necessary.) OGONZALEZ TO					
 	President,	7900 NW 33 TH STA	ze4				
• •		ollywoon fi 33024	/				
Dated	February 27, 2	014					
	them	or authorized representative of a member	-				
	Typed or printed name of signee Page 2 of 2						

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