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| Special Instructions to | Filing Officer: | |
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| SHDIECT | OASIS URO | GENT CARE, PLLC | | | | | | |
| SUBJECT | | Name of Lim | ited Liability C | ompany | | | | |
| The enclose | ed Articles of A | mendment and fee(s) are sub | mitted for fili | ng. | | | | |
| | | dence concerning this matter | | - | | | | |
| | | JOSE MANUEL ALMAN | IZAR, SR | | | | | |
| | | | Name o | f Person | | _ | | |
| | | OASIS URGENT CARE | , PLLC | | | | | |
| | | | Firm/Co | ompany | | _ | | |
| | | 130 29TH ST SW | | | | | | |
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| For finither | information co. | ncerning this matter, please c | | ature aminar seposi | waritedikin; | | | |
| | | ncerning this matter, piease e | | | | j. | | |
| JOSE M A | ALMANZAR | | 23 at (|) | | | | as |
| | Name of t | Person | Are | a Code Day | ytime Telephone Numb | er . | | $\langle \rangle$ |
| Enclosed is | a check for the | following amount: | | | | , | • | |
| \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certifi | Filing Fee & ed Copy nal copy is enclosed) | Certifie | Filing Fee. ate of Status & d Copy al copy is anglosed) | <i>j</i> | |
| Re Di | ailing Address: Egistration Selvision of Co O. Box 6327 | ection orporations | | | | | | |

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OASIS URGENT CARE, PLLC | | |
|---|--|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L14000154780 | were filed on 10/03/2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the a | obbreviation "L.L.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 a agent and/or the new registered office address here: | ddress on our records, enter the nar | ne of the new registers |
| agent and/or the new registered office address nere. | | |
| Name of New Registered Agent: | | , 0 |
| New Registered Office Address: | | > |
| -· | Enter Florida street address . Florida | 1:24 |

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.

Ciiy

Zip Code

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> | Address | Type of Action |
|--------------|--------------------------|---|--------------------|
| MGR | JOSEPHINE MARIE ALMANZAI | 130 29TH ST SW NAPLES FLORIDA 34117 | = Add |
| | | | □Remove |
| | | | □Change |
| MGR | RAMON FELIPE ALMANZAR SI | 6229 BEEDLA STREET, NORTH PORT FL 34286 | = Add |
| | | | □Remove |
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| ective date, if other than the d reffective date is listed, the date must te: If the date inserted in this bloo | be specific and cannot be prio | r to date of filing or more | than 90 days after filing.) Pur | suant to 605.0207 (2 |
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Filing Fee: \$25.00