

L15000097379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

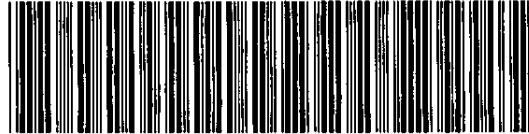
(Document Number)

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AUG -6 P 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2015

CHARMAINE C. HALL
WE CARE ORLANDO URGENT CARE LLC
7228 CLARCONA-OCOE ROAD, UNIT 106
CLARCONA, FL 32710

SUBJECT: WE CARE ORLANDO URGENT CARE LLC
Ref. Number: L15000097379

We have received your document for WE CARE ORLANDO URGENT CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00014381

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: We Care 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:

Charmaine C. Hall

Name of Person

We Care Orlando Urgent Care LLC

Firm/Company

7228 Clarcona-Ocoee Road Unit 106

Address

Clarcona, FL 32710

City/State and Zip Code

ecaurgentcarecenter@gmail.com

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

For further information concerning this matter, please call:

Charmaine C. Hall

321 947-7754
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

We Care Orlando 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 06/03/2015 and assigned
Florida document number L15000097379.

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:

(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:

Enter Florida street address

_____, **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, 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

FILED
JUN - 6 2015
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	Charmaine C. Hall	6205 Rocky Trail Orlando, FL 3281	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexis S. Rhames		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6205 Rocky Trail Orlando, FL 3281	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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7 AUG - 6 P 4:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(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)

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.

Channing C. Hall

Signature of a member or authorized representative of a member

Charmaine C. Hall

Typed or printed name of signee

FILED
JAN 15 - 6 P 4:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA