

L16000161288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

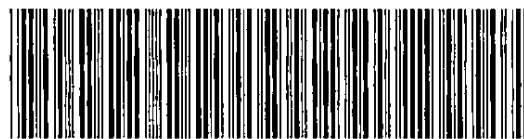
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DIVISION OF CORPORATIONS
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N. CAUSSEAU

JUN 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medvital Walk In Lab And Clinic, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Fersche
Name of Person

Medvital Walk In Lab And Clinic, LLC
Firm Company

300 W. Oak Street
Address

Kissimmee, FL 34741
City, State and Zip Code

medvital@walkinlabandclinic.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Fersche at (888) 944-5227
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
Chifon Building
2661 Executive Center Circle
Tallahassee, FL 32304

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MedVital Walk-In Lab And Clinic, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 8/29/16 and assigned

Florida document number 116000161288

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**)

320 W. Oak Street
Mississippi FL 34741

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:

Scadia Fersike

New Registered Office Address:

320 W. Oak Street

Enter Florida street address

Mississippi
City

Florida 34741
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.

Scadia Fersike M.D.

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	Maria Abreu	102 Park Place Blvd	☐ Add
		Suite D1	☒ Remove
		Kissimmee, FL 34741	☐ Change
MGR	Chrissy Perez	102 Park Place Blvd, Ste D1	☐ Add
		Kissimmee, FL 34741	☒ Remove
			☐ Change
M.D	SAADIA Fersobe	320 W Oak, KISSIMMEE, FL, 34741	☒ Add
		102 Park Place Blvd, Ste D1, KISSIMMEE	☒ Remove
		FL, 34741	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: 11/19/17 (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 June 14 . 2017

Gervase M.D.
Signature of a member or authorized representative of a member

Seadla Tesebe
Typed or printed name of signee