117000098983

(1	Requestor's Name)	<u>.</u>
(,	Address)	
(,	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Cape Coral	Urgent Care LLC		
SUBJECT.		Name of Lim	ited Liability Company	
Physical con-	d Ametalaciat	Amundment and fast, Lars sub	neitrad for films	
Please return	all correspo	ndence concerning this matter	to the following:	
		Erica Chapman		
			Name of Person	
		Cape Coral Urgent Care L	LC	
			Firm/Company	
		811 Del Prado Blvd S		
		Parties of the Partie	Address	
		Cape Coral, FL 33990		
			City/State and Zip Code	
		· · · · · · · · · · · · · · · · · · ·		
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please co	uH;	
Erica Chapr	nan		941 822-9317	
·	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 E	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)
Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Erica Chapman				

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Lim	ited Liability Comp	any as it now annears on our record	ds)
V. vame 32 arc 13mil	(A Florida Limited	any as it now appears on our record Liability Company)	<u></u> /
The Articles of Organization for this Limited I lorida document number <u>L17000098983</u>	.iability Company	were filed on <u>05/03/2017</u>	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		811 Del Prado Blvd S Cape Coral, FL 33990	17 SFP 2
		-	4.6
3. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	office address on our record re:	ls, enter the name of the
Name of New Registered Agent:	Erica L. Chapi	man	
New Registered Office Address:	811 Del Prado		
		Enter Florida street addre.	
	Cape Coral	, FI	lorida 33990
		Сиу	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
		□ Remove	
			□ Change
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			## PRemove
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			Add
			Remove
			Change
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			Change

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Dated .	September 20 2017			
		2:01 a.m. on the	earliei	r of
Note:	If the date inserted in this block does not meet the applicable statutory filing requireme	_ (OPTIONAL) ays after filing.) Pursua ints, this date will not	nt to 605.0 be listed)207 I as
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Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date is locument's effective date on the Department of State's records. The 90th day after the record is filed.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00