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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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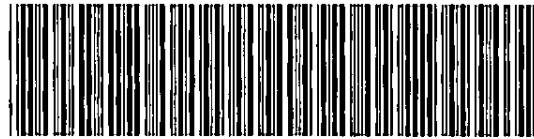
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAY 13 A 1:21

FILED

SECRET
MAY 20 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Immediate Care Clinic, 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:

Richard Plaza R. Jr.
Name of Person

Immediate Care Clinic, LLC
Firm/Company

7301 N. University Drive Suite 100
Address

Tamarac, FL 33321
City/State and Zip Code

ICCTamarac@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard R. Plaza Jr. at (786) 853-0233
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**

Immediate Care Clinic, LLC

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

FILED

The Articles of Organization for this Limited Liability Company were filed on 8/31/2017 and assigned Florida document number 82-2672605

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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

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>
<u>D</u>	<u>NGUYEN, HOA HUU</u>	<u>7301 N. University Drive Suite 100</u>	<input type="checkbox"/> Add
		<u>Tamrac Fl 33321</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>D</u>	<u>Robert Frank Piasio</u>	<u>7301 N. University Drive Suite 100</u>	<input checked="" type="checkbox"/> Add
		<u>Tamrac Fl 33321</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>N/A</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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	<u>N/A</u>		<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
	<u>N/A</u>		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Dated May 9th, 2019.

Richard R. Plaza Jr

Typed or printed name of signee