L18000148509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations

SUBJECT: UrgentMedRX 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:

David A Ison
Name of Person

Ison Law
Firm/Company

10348 Sawmill Road
Address

Powell, OH 43065
City/State and Zip Code

dave@ison.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A Ison at (614) 336-3083
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TO

ARTICLES OF ORGANIZATION
OF

UrgentMedRX 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 June 15, 2018 and assigned Florida document number L18000148509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: Candace Styles

New Registered Office Address: 11573 NW 42nd St
Enter Florida street address

Coral Springs, **Florida** 33065
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.

Candace Styles
If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MBR	Stephen Wolfe	1200 S Rogers Circle	☐Add
		Ste 4	☒Remove
		Boca Raton FL 33487	☐Change
AMBR	Stephen Wolfe	1200 S Rogers Circle	☐Add
		Ste 4	☒Remove
		Boca Raton FL 33487	☐Change
Mgr	Sumanth Reddy	4206 Penrithct	☒Add
		Dublin OH 43016	☐Remove
			☐Change
AMBR	Liane Parker	4035 Cinwood St NW	☒Add
		Massillon OH 44646	☐Remove
			☐Change
AMBR	Justin Goldston	10808 Saint Michael Dr	☒Add
		Dallas TX 75230	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

E. **Effective date, if other than the date of filing:** _____ **(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 September 27, 2024

Signature of a manager or authorized representative or a member

Typed or printed name of signee

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