

L18000192056

(Requestor's Name)

(Address)

(Address)

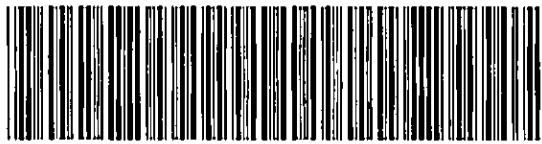
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

2018 OCT 25 PM 6:22

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S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXCEPTIONAL URGENT CARE & THE RIZALUNDA WELLNESS CENTER, 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:

JOHN IM

Name of Person

\_\_\_\_\_  
Firm/Company

1112 SE 12TH CIRCLE

Address

OCALA FL 34480

City/State and Zip Code

EXCEPTIONALURGENTCARE@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN IM

Name of Person

at (352) 598-5997

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

EXCEPTIONAL URGENT CARE & THE RIZALINDA WELLNESS CENTER, 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 AUGUST 10, 2018  
Florida document number L18000192056.

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:

7722 SE 12TH CIRCLE  
OCALA FL 34480

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

7722 SE 12TH CIRCLE  
OCALA FL 34480

(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:

JOHN JM

New Registered Office Address:

7722 SE 12TH CIRCLE

Enter Florida street address

OCALA

. Florida

34480

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

2018 AUG 12 PM 6:22  
FLORIDA STATE  
TALLAHASSEE, FL  
and assigned

**FILED**

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>MGR</u>	<u>JWR 77 CONSULTING, INC.</u>	<u>5454 SE 34TH ST</u>	<input type="checkbox"/> Add
		<u>5454 SE 34TH ST OCALA FL 34480</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JOHN IN</u>	<u>7722 SE 12TH CIRCLE OCALA FL 34480</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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 OCTOBER 22ND 2018

Signature of a member or authorized representative of a member

JOHN SMITH

2018 OCT 25 PM 6:22  
SELLER: TALLAHASSEE, FL  
BUYER: STATE OF FLORIDA

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