

L18000261612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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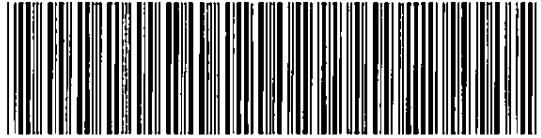
(Business Entity Name)

(Document Number)

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TALLahassee, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantis Urgent Care, 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:

Sabrina Dieguez

Name of Person

Smith & Associates

Firm/Company

709 S Harbor City Blvd Ste 540

Address

Melbourne, FL 32901

City/State and Zip Code

sabrina@smithlawTLH.com

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

For further information concerning this matter, please call:

Sabrina Dieguez

321 676-5555

Name of Person

at ()
Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Atlantis Urgent Care, 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 11/7/2018 and assigned
Florida document number L18000261612.

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)

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:

Hill & Rice Medical Services, LLC

New Registered Office Address:

2254 Hwy A1A

Enter Florida street address

INDIAN HARBOR BEACH

City

Florida 32937

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>
MGR	DIMBERG, BJORN A	729 MALIBU LANE	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HILL & RICE MEDICAL	2254 HWY A1A	<input checked="" type="checkbox"/> Add
	SERVICES LLC	INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIMBERG, BJORN A	729 MALIBU LANE	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HILL EMERGENCY MEDICAL	395 WAINAI DR	<input checked="" type="checkbox"/> Add
	PHYSICIANS PA	MERRITT ISLAND, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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TALLAHASSEE, FL

[illegible]

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.

Dated February 10 2023

Typed or printed name of signee

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CLERK OF DISTRICT COURT
PA. 10. 2023
TALLAHASSEE, FL