

L190000 87757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

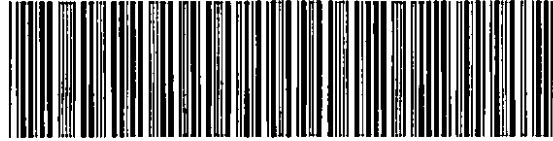
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT 11 AM 10:57

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Y. SULKER

OCT 30 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY 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:

HIRAM D. OCARIZ

Name of Person

MARCUM LLP

Firm/Company

999 PONCE DE LOEN BLVD., SUITE 650

Address

CORAL GABLES, FL 33134

City/State and Zip Code

HIRAM.OCARIZ@MARCUMLLP.COM

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

For further information concerning this matter, please call:

HIRAM D. OCARIZ

Name of Person

at (**305**)

Area Code

995-9800

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**

MY 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 03/29/2019 and assigned
Florida document number L19000087757

This amendment is submitted to amend the following:

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

Advance Wound Care Specialist, LLC

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)

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TALLAHASSEE, FLORIDA

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:

ROCKCHAR MANAGEMENT SERVICES, LLC

New Registered Office Address:

999 PONCE DE LEON BLVD., SUITE 650

Enter Florida street address

CORAL GABLES

Florida 33134

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 685, 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	AXIAL MANAGEMENT SERVICES, LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROCKCHAR MANAGEMENT SERVICES, LLC	999 PONCE DE LEON BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 650	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

A line graph is plotted on a coordinate plane. The x-axis and y-axis both range from 0 to 6, with grid lines every 1 unit. A line is drawn passing through the points (1, 2) and (4, 5). The line has a positive slope of 1.

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 _____ OCTOBER 24, 2019

HIRAM D. OCARIZ

Typed or printed name of signee