L21000383805

(Requ	restor's Name)	
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PICK-UP	☐ WAIT	MAIL
	ness Entity Name)	
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Certified Copies	Certificates of	Status
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COVER LETTER

		stration Sect sion of Corpo			
endige.		Urgent Care I	Express of Citrus Park, LLC		
SUBJEC	-1: ₋		Name of Lim	ited Liability Company	
The enclo	osed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Piease re	eturn	all correspond	lence concerning this matter	to the following:	
			Paul Peiffer		
				Name of Person	
			Urgent Care Express of Ci	trus Park, LLC	
				Firm/Company	
			6182 Gunn Hwy		
				Address	·····
			Tampa, Florida 33635		
				City/State and Zip Code	
			ppeiffer@afcurgentcare.com	n to be used for future annual report notificat	Von)
For furth	ner in	formation con	cerning this matter, please c	•	ion
Paul Pei	ffer	Ne	MI	412 999-1440 at () Area Code Daytime Te	
		Name of F	FSON	at () Area Code Daytime Te	elephone Number
Enclosed	d is a	check for the	following amount:		
≣ \$25.	.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address: istration Se		Street Address: Registration Section	on
	Div	ision of Co	rporations	Division of Corpor	rations
	$\mathbf{p} \wedge$	Box 6327		The Centre of Tall	ahassee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urgent CareExpress of Citrus Park, LLC				
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)			
	filed on August 26, 2021		and ass	signed
Florida document number L21000383803				
This amendment is submitted to amend the following:				
(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 26, 2021 and assigned dorida document number L21000383805 this amendment is submitted to amend the following: 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." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable:				
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or	the abbrev	iation "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)				
			? <u>0</u> ?	
		;;	,	
B. If amending the registered agent and/or registered office addre	ss on our records, <u>enter the</u>	name of	the nev	v registered
agent and/or the new registered office address here:		35.55 35 35 35 35 35 35 35 35 35 35 35 35 3	$\overline{\omega}$	1
Name of New Registered Agent:			_	
Nov. Projectored Office Address.) 		
New Registered Office Address.	Enter Florida street address		8	
	, Florid	A		
	ity	7.	in 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Remove
			□ Change

Effective date, if other than the date of filing: August 26, 2021 (aptional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as Jocument's effective date on the Department of State's records. 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 dis filed. Dated October 12, 2021 Whypantireof a member or authorized representative of a member	Correting the Federal Tax ID No	umber. The correct EIN Number is 84-2573217
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Dated		
1 0 1 1/1	October 12,	2021
Signature of a member or authorized representative of a member	Dated	
Signature of a member or authorized representative of a member	ne la	N
' VI		Signature of a member or authorized representative of a member
		JI
		Typed or printed name of signee

Filing Fee: \$25.00