

L21000387870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

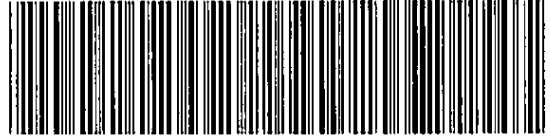
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: URGENT CARE OF OCALA, L.L.C.

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:

SANJAY PATEL

Name of Person

URGENT CARE OF OCALA, LLC.

Firm/Company

4914 SE 4TH AVE

Address

OCALA, FLORIDA 34480

City/State and Zip Code

OPERATIONS@OCALAU.COM

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

For further information concerning this matter, please call:

Binisha Thakkar

352 269-8099

at () _____

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

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

URGENT CARE OF OCALA 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 08/30/2021 and assigned
Florida document number L21000387870.

This amendment is submitted to amend the following:

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

---NA---

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)

---NA---

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

---NA---

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:

---NA---

New Registered Office Address:

---NA---

Enter Florida street address

Florida

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.

- NA -

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	SOHAL SHAH	19815 GLAZING GLOBE LANE	<input type="checkbox"/> Add
		LUTZ, FL 33558	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SNEHAL PATEL	4958 SE 5TH AVE.	<input type="checkbox"/> Add
		OCALA, FL 34480	<input checked="" type="checkbox"/> Remove
			<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 _____, _____

Signature of a me

Signature of a member or authorized representative of a member

Sanjay Patel

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
URGENT CARE OF OCALA, LLC

Filing Information

Document Number	L21000387870
FEI/EIN Number	87-2431644
Date Filed	08/30/2021
Effective Date	09/01/2021
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	06/24/2022
Event Effective Date	NONE

Principal Address

419 SW 15TH ST
OCALA, FL 34471

Changed: 01/26/2022

Mailing Address

419 SW 15TH ST
OCALA, FL 34471

Changed: 02/05/2022

Registered Agent Name & Address

PATEL, SANJAY
4914 SE 4TH AVE
OCALA, FL 34480

Authorized Person(s) Detail

Name & Address

Title MGR