L21000494226

(Re	equestor's Name)
(Ad	idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	rsiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Q. SILA	s
	1114122
	Office Use Only



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2022 J.K.H. I. P.Y. IZ: 35



RECEIVED

FLORIDA DEPARTMENT OF STATE JAN 14 AM 8: 11

Division of Corporations

SECRETARY OF STATE TALLAHASSEE. FL

December 21, 2021

MAJESTIC URGENT CARE 2, LLC 1674 PLEASANT HILL ROAD KISSIMMEE, FL 35746

SUBJECT: MAJESTIC URGENT CARE 2, LLC

Ref. Number: L21000454226

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please choose ONLY (1) individual to become the registered agent. Please enter the full title for "Willy Noel".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

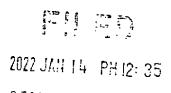
Letter Number: 121A00030761

COVER LETTER

	istration Seision of Cor			
SUBJECT:	Majestic Ur	gent Care 2, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Irene Noel and Willy Noel		
			Name of Person	
		Majestic Urgent Care 2, Ll	C	
			Firm/Company	
		1672 Pleasant Hill Rd		
			Address	
		Kissimmee, FL 34746		
			City/State and Zip Code	
		inoel99@yahoo.com		
For further in	iformation co	h-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ufication)
Irene Noel			754 366-8569	
	Name of	Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)
Reg	ling Address gistration S	Section	Street Address: Registration So	
	Box 632	orporations 7	Division of Co The Centre of	-
Tall	lahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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



Majestic Urgent Care 2, 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 Li Florida document number L21000454226	ability Company	were filed on 01,10/2022 1019	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Majestie Urgent Care 2, LLC	
(Principal office address MUST BE A STREET ADDRESS)		1672 Pleasant Hill Rd,	
-		Kissimmee, FL 34746	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Majestic Urgent Care 2, LLC 1674 Pleasant Hill Rd Kissimmee, FL 34746	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office as shere: Willy Noel, MD		<u>е пате of the new registered</u>
Name of New Registered Agent:	Willy Noci. Mil)		
New Registered Office Address:	1672 Pleasant H		
		Enter Florida street address	
	Kissimmee	, Flori	ida <u>34746</u>
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	Address	Type of Action
AMBR	Willy Noel	1674 Pleasant Hill Rd, Kissimmee, Fl 34746	≣ Add
	,		□Remove
			□ Change
			□Ađd
		□Remove	
			🗆 Change
		□Add	
			□Remove
			□Change
			🗆 Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change

i put my nusoana name c	on the wrong place.				
					
					
1. – .					
			···		
					
		01/10/22			
ffective date, if other than	the date of filing:	: 01/10/22		(optional)
an effective date is listed, the date lote: If the date inserted in the					
ocument's effective date on th				•	
record specifies a delayed effe	ective date, but not a	in effective time,	at 12:01 a.m. on tl	he earlier of: (b) T	he 90th day after the
is filed.					
		2022			
January 10	·	2022	.9	1	
	·	$\frac{2022}{4}$			e
	Signature of a m	Wil	d representative of a) lone	1

Filing Fee: \$25.00