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COVER LETTER

TO:

Registration Section Division of Corporations

NEOCITY SUBJECT:	WALK IN MEDICAL CARE	LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HABIB ULLAH KHAN			
		Name of Person		
		Firm Company		
	1415 W OAK ST 421743			
	KISSIMMEE, FL 34741	Address		
	inayatukhan@hotmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	dification)	
For further information c	oncerning this matter, please c	all:		
HABIB ULLAH KHAN		407 298-3900 at()		
Name o	t Person	Area Code Daytin	ne Telephone Number	
inclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEOCITY WALK IN MEDICAL 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 Florida document number L23000028687		ere filed on <u>"""-"-</u>	and assigned
This amendment is submitted to amend the fo			
this amendment is submitted to amend the to	nowing.		
A. If amending name, enter the new name	of the limited liabilit	y company here:	
ZamaaHealth Walk In Medical Care LLC			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STREET ADDRESS)			<u>.= ~:</u>
Trincipal office duties, mean birth street			* \(\frac{1}{2}\)
	-		
			1
Enter new mailing address, if applicable:	-		··· ··· ···
<u>(Mailing address MAY BE A POST OFFICI</u>	EBOX)		
	-		<u>;*' </u>
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:			ds, enter the name of the new registere
New Registered Office Address:	1415 W OAK ST -	421743	
New Registered Villee Address.	-	Enter Florida s	reet address
	KISSIMMEE		Florida ³⁴⁷⁴¹
		City	, Florida ³⁴⁷⁴¹ Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as res	ed agent and agree per and complete pe	rformance of my	duties, and I am familiar with and

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
MGR	KHAN, HABIB ULLAH	1415 W OAK ST 421743	■Add
		KISSIMMEE, FL 34741	□Remove
			Change
MGR	ULLAH KHAN, HABIB	1415 W OAK ST 421743	
		KISSIMMEE, FL 34741	
			
			□Remove
			Change
			Remove
			Change
			\sum_Add
			□Remove
			Change
			⊡Add
			□Remove
			Change

						
						
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	l, the date must be speci ted in this block does	tic and cannot be prices not meet the appli	or to date of filing or m icable statutory filin		nal) iling.) Pursuant to 605.0 date will not be listed	
an effective date is listed ote: If the date inser	are on the Departities					1
ote: If the date inser beument's effective d	·	ut not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after t	ine