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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Express Medical Care 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:

Nikia Williams
Name of Person

Express Medical Care L.L.C.
Firm/Company

3005 W Lake Mary Blvd Ste 111 #2006
Address

Lake Mary, FL 32746
City/State and Zip Code

Health@expressmedcare23.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikia Williams at (407) 995-6538
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**

Express Medical Care L.L.C.

(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 03/02/2023 and assigned Florida document number 1230001101039.

This amendment is submitted to amend the following:

A. 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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3005 W Lake Mary Blvd

Suite III #2006

Lake Mary, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3005 W Lake Mary Blvd

Suite III #2006

Lake Mary, FL 32746

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:

Nikia Williams

New Registered Office Address:

3005 W Lake Mary Blvd Suite III #2006

Enter Florida street address

Lake Mary
City

Florida

32746
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.

Nikia Williams

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

AMBR Renita Smith : 5531 Chatham Woods Ct ☐ Add

Orlando, FL 32808 ☒ Remove

_____ ☐ Change

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NOTES

THE UNIVERSITY OF CHICAGO

Abstract

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