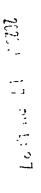
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Fil	ling Officer:	





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S ROBERTS

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

Esencial Walk-In & Primary Care Center, LLC  Please Debit FCA000000003 For: 25  Thank you Seth Neeley  Additional Control of the Control of t	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File
	LTD Partnership File  Foreign Corp. File  L.C. File
Thank you Seth Neeley  Manual Control of the Contro	LTD Partnership File  Foreign Corp. File  L.C. File
Atty	LTD Partnership File  Foreign Corp. File  L.C. File
	Foreign Corp. File  L.C. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ari. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
ł	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature //	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

# **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:	Esencial W	alk-In & Primary Care Center.	, L.L.C.	
SOBJECT:		Name of Lin	nited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Miguel A. Mendez, Jr., Es	equire	
			Name of Person	
		The Mendez Law Firm, L.	L.C>	
		<del></del>	Firm/Company	<del></del>
		3564 Avalon Park Bouleve	ard, E., Suite 1-250	
			Address	
		Orlando, Florida 32828		
			City/State and Zip Code	
		m.mendez@themendezlawi		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Miguel Men	dez, Esq.		407 380-7724	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	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)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Esencial Walk-In & Primary Care Center, 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 May 24, 2023 and assigned Florida document number <u>L23000255290</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

### 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
<del></del>			
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			☐ Remove

☐ Change

HC	w Member, ISAUL RIVERA CRUZ
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	July 17, 2023
ectiv	e date, if other than the date of filing: (optional) tive 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 605.02
<u>te:</u> l:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
, milici	it's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 9	Oth day after the record is filed.
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Page 3 of 3

Filing Fee: \$25.00