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2023 AUS 28 AM II: 58

A. PARISHANI SEP 16 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MC Primary Case & Arsthetics LLC 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:	2023 AUG 28 AM 11: 58
Melissa Castro Reyes Name of Person	WHII: 58
MC Primary Care & Aesthetics Finn/Company	
1802 N. Alafaya Trl StelloT	
Orlando, Fl 32820 City/State and Zip Code	
E-mail address (to be used for future annual report notification) For further information concerning this matter, placed call:	_
For further information concerning this matter, please call:	
Melissa Custro Reyes at (407) 30172103 Name of Person Area Code Daytime Telephone Num	<u>liber</u>
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)) Filing Fee. Teate of Status & Ted Copy Onal copy is enclosed)
Mailing Address: Registration Section Registration Section	

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

2023 AUG 28 AH II: 58

MC Primary Care & Aesthetics 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 05/31/2023 and assigned Florida document number 123000 204810

This amendment is submitted to amend the following:

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

MC Primary Care LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

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
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f the record speci ecord is filed.	fies a delayed o	effective date, bu	st not an effec	ctive time, at 1	12:01 a.m. on	the earlier of	(b) The 90t	h day after	the
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Filing Fee: \$25.00