



Office Use Only



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2024 APR 25 PM 4:20 SECRETARY OF STATE

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COVER LETTER

Registration Section
Division of Corporations

Tallahassec, FL 32314

TO:

| SUBJECT: FASTMED URGE Name of Limit | NT CARE UC ted Liability Company |
|---|---|
| The enclosed Articles of Amendment and fee(s) are sub- | · |
| Please return all correspondence concerning this matter t | to the following: |
| Jorge F | 1. Fernandez Gonzalez |
| FASTMED | uegent care UC |
| 15116 NU |) 89 ct Address |
| Miami L | akes FL 33018 City/State and Zip Code |
| FASTUEDU E-mail address: (1 | raentcarelle (a) gmail COM |
| For further information concerning this matter, please ca | ill: |
| Jorge A. Fernandez C | Tonzale2 786 - 438 - 676) Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$\sum_ | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | Street Address: |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FASTMED Urgent | dare LL | |
|--|---|-------------------------------------|
| (Name of the Limited Hability Com (A Florida Limite | npany as it now appears on our red Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on $01/3$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ability 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: | <u></u> | PUAPR 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | S - III |
| | | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | ce address on our records, <u>c</u> | nter the name of the Rev registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street o | uldress |
| | | , Florida |
| | Ciţy | 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.

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 | Enelyam | SANCHEZ Bret | ON 19124 BOBOLINK DR | □Add |
| | v | | Miami Fl 33015 | Premove |
| | | | | □Change |
| AMBR | Gerardo | M.Castillo | 15106 NW 89Ct | _ MAdd |
| | | miami lakes Fl 33019 | □Remove | |
| | | | 🗆 Change | |
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| D. If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | ve date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated_ | <u> </u> |
| | Torge A. Fernandez Gonzalez Signature of a member or authorized representative of a member |
| | Jorge A. Fernandez Gronzalez Typed or printed name of signee |

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Filing Fee: \$25.00