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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ఆంద్ర Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. LEMIEUX

2024-050 11 53111:00

Electronic Filing Menu Corporate Filing Menu

. Page: 3 of 5

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MinuteClinic Primary Care - Florida, L.L.C.				
(Name of the Limited Liability Com (A Florida Limite	apany as it now appears on our red Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Compa Florida document number L24000502335	ny were filed on 12/5/2024	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:			
MinuteClinic Primary Care-Florida, LLC				
The new name must be distinguishable and contain the words "Limited Li-	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)				
-				
		2:		
Enter new mailing address, if applicable:		(F)		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office	e address on our records, <u>e</u>	nter the name of the new registered		
agent and/or the new registered office address here:				
		00		
Name of New Registered Agent:	····	·—·		
New Registered Office Address:				
New Registered Office Address:  Enter Florida street address				
	. Florida			
<del>-</del>	City	_, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agen	nt:			
I hereby accept the appointment as registered agent and a	aree to act in this canacity	I further agree to comply with the		
provisions of all statutes relative to the proper and complete				
accept the obligations of my position as registered agent a	s provided for in Chapter (	605, F.S. Or, if this document is		
heing filed to merely reflect a change in the registered offi	ce address, I hereby confir	m that the limited liability		

If Changing Registered Agent, Signature of New Registered Agent

Τo

, Page: 4 of 5

MGR = Manager

2024-12-10 16 05:29 CST

12122023573

From: Daylen Platt

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = A$	AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□Add			
			□Remove			
			☐ Change			
			□Add			
			□Remove			
			☐ Change			
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From Daylen Platt

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Note: If the date inso	her than the date of filed, the date must be specific erted in this block does not date on the Department of	of meet the applic	able statutory	or more than 90 days a filing requirements,	ptional) ifter filing.) Pursuant to this date will not be	605.0207 ( listed as t
e record specifies a de rd is filed.	elayed effective date, but	not an effective t	ime, at 12:01 a	.m. on the earlier of	(b) The 90th day	after the
December 10		2024	·			
	Julani	<u> </u>	Bus			_
	Signature of	a member or auth	orized fepresenti	ntive of a member		
321. 1. 0	. St Angelo, Authorized	Representative				