

M 220000007166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

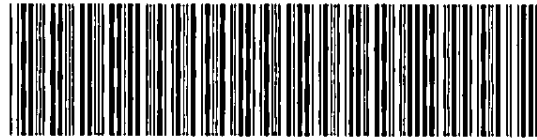
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

JUN 13 2022

Office Use Only



000389284870

FILED RECEIVED

2022 JUN 10 PM 02:34 JUN -9 PM 4:34

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$25.00  
AUTHORIZATION SIGNATURE: *James Fuller*  
ER CARE of CFL LLC  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time ☐  
☐ Mail out ☐ Will wait  
☐ Photocopy

☐ **Certified Copy AMENDMENT ONLY FROM 3/30/1984**

☐ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☒ **CORP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ APOSTIL ( ) ☐  
**Country**

**EXAMINER'S INITIALS:** \_\_\_\_\_

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**REGISTRATION/QUALIFICATIONS**

☒ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ER Care of CFL LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer A. Englert

Name of Person

The Orlando Law Group, PL

Firm/Company

12301 Lake Underhill Road, Suite 213

Address

Orlando, FL 32828

City/State and Zip Code

jenglert@theorlandolawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer A. Englert

at ( 407 )

512-4394

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

FILED  
JUN 10 PM 5:59

SECRETARY OF STATE  
TALLAHASSEE, FL

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ER Care of CFL LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000007166

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: May 9, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 \_\_\_\_\_  
City 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

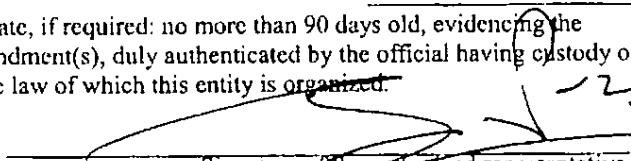
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Removing Ajay Patel, adding manager/address of Jason Scheil who has the authority to manage the foreign LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ajay Patel	7780 Lake Underhill Road, Suite 111	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" type="checkbox"/> Remove
MGR	Jason Schiel, DO	7780 Lake Underhill Road, Suite 111	<input checked="" type="checkbox"/> Add
		Orlando, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Ajay Patel, Manager

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

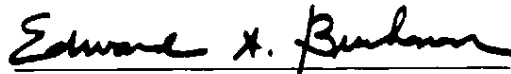
**ER Care of CFL LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **April 20, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001105862**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of June, 2022 at 10:45 AM. This certificate is assigned ID Number 053113215.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.



**Wyoming Secretary of State**  
Herschler Building East, Suite 101  
122 W 25<sup>th</sup> Street  
Cheyenne, WY 82002-0020  
Ph. 307.777.7311  
Email: [Business@wyo.gov](mailto:Business@wyo.gov)

WY Secretary of State  
FILED: 06/09/2022 07:15 AM  
Original ID: 2022-001105862  
Amendment ID: 2022-003703170

## Limited Liability Company Amendment to Articles of Organization

1. Name of the limited liability company:

(Name must match exactly to the Secretary of State's records.)

ER Care of CFL LLC

2. The date of filing its articles of organization: April 20, 2022

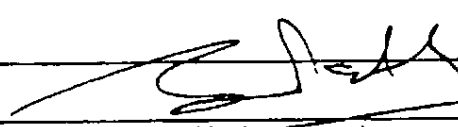
(Date must match exactly to the Secretary of State's records.)

3. Article number(s) VI is amended as follows:

\*See checklist below for article number information.

ADD  
Jason Schiel, DO  
7780 Lake Underhill Road, Suite 111, Orlando, FL 32822

REMOVE  
Ajay Patel  
7780 Lake Underhill Road, Suite 111, Orlando, FL 32822

Signature:   
(Shall be executed by a person authorized by the company.)

Date: 05/31/22  
(mm/dd/yyyy)

Print Name: Ajay Patel

Contact Person: Jennifer A. Englert

Title: Organizer

Daytime Phone Number: 407-512-4394

Email: [jenglert@theorlandolawgroup.com](mailto:jenglert@theorlandolawgroup.com)

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

### Checklist

- ☒ **Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.
- ☒ **Processing time is up to 15 business days** following the date of receipt in our office.
- ☒ Please mail with payment to the address at the top of this form. This form cannot be accepted via email.
- ☒ Please review the form prior to submission. The Secretary of State's Office is unable to process incomplete forms.
- ☒ \*Refer to original articles of organization to determine the specific article number being amended or use the next number in sequence if you are adding an article. **Article number(s) is not the same as the filing ID number.**

