(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Osceola U ER: P130000763		nc.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ajaz Afzal		
-		Name of Contact Persor	<u> </u>
	Osceola Urgen		
-		Firm/ Company	
	1016 Mann St.		
•		Address	
	Kissimmee FL	34741	
		City/ State and Zip Code	e
aia	zafzal@yahoo.	.com	
<u>uju</u>		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Ajaz Afzal		at (407	, 279-5166
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

13 NOV -7 PH 3: 28

Osceola Urgent Care Inc. SECRETARY OF S	TATE
(Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FL	AUINO
P13000076395	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	abbreviation st contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
	<u></u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent Ajaz Afzal	
1016 Mann St.	
(Florida street address)	
New Registered Office Address: Kissimmee , Florida 34741	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	7.
Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Ortiz Carlos W	1016 Mann St.
Add			Kissimmee FL 34741
Remove			
2) Change	VP	Mohammad Khan	1016 Mann St.
Add			Kissimmee FL 34741
✓ Remove			
3) Change	VP	Asad Farooq	1016 Mann St.
Add			Kissimmee FL 34741
Remove			
4) Change	<u>P</u>	Ajaz Afzal	1016 Mann St.
Add			Kissimmee FL 34741
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	1 10 11 11 11 11 11 11 11 11 11 11 11 11
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment	t(s) adoption: 10/29/2013	, if other than the
date this document was signed	L.	 '
Effective date <u>if applicable</u> :	11/01/2013	
Enterive date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	29/2013	
Signature _		_
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Ajaz Afzal	_
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	