6/1/2021



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COVER LETTER

TO: Amendment Section

Division of Corp	porations			
NAME OF CORPO	RATION: LATIN URGENT	CARE INC.		
	P21000020272		 _	
DOCUMENT NUM	BER: P21000020272			
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.		
Please return all corre	espondence concerning this ma-	tter to the following:		
	Cheyenne Moseley			
	 -	Name of Contact Person)	
	LegalZoom.com, Inc.			
		Firm/ Company		
	101 N. Brand Blvd., 11th Flo	or		
		Address		
	Glendale, CA 91203			
	City/ State and Zip Code			
	lgarciarangel@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further information	on concerning this matter, pleas	se call:		
Cheyenne Moseley		at (800	773-0888 ext. 9724	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	illing Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	7. Box 6327 ahassee, FL 32314		N. Monroe Street, Suite 810	
ranknassee, rt. 32514		Tallahassee, Fl. 32303		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

	01	D .
LATIN URGENT CARE INC.		
(Name of Corporation as	currently filed with the Florida Dept. of State)	
P21000020272		AS
	Number of Composition (If known)	<u> </u>
(Document)	Number of Corporation (if known)	<u>ra</u> ë
Pursuant to the provisions of section 607.1006, Florida State	utes, this Florida Profit Corporation adopts the follo	mius aucuqu
its Articles of Incorporation:		육기
A. If amending name, enter the new name of the corpor	rutiOn.	චුන්
A. If amending name, enter the new name of the corpor	ANION:	•
		The ner
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp." "Inc." or		
"chartered," "professional association," or the abbreviation		mem me none
B. Enter new principal office address, if applicable:	20)	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>으</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BEA POST OFFICE BOX)		
D. If amending the registered agent and/or registered o		
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent		
	Florida street addressj	
New Registered Office Address:	, Florida, Florida	Zip Code)
	10.199	ing control
New Registered Agent's Signature, if Changing Register	and Ament	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the positi	on.
, , ,,	, , , , , , , , , , , , , , , , , , , ,	
Signature	of New Registered Agent, if changing	
Check if applicable		

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 2021-06-03 08:19:44 PDT
 LegalZoom.com, Inc.
 From: Sylvia Pauli

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)

Add

To: 18506176380

Please note the officerklirector 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 PTO.

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, Vas Remove, and Sally Smith, SV as an Add.

Example: X Change <u>PT</u> John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Address. Title Type of Action Name Name (Check One) P, D Garcia Rangel, Luciano 5145 LATROBE DR. 1) X Change WINDERMERE, FL 34786 ___ Add _ Remove S. D Gonzales Portillo, Fernando 5145 LATROBE DR. Change WINDERMERE, FL 34786 __ Add 5145 LATROBE DR. Remove T, D Esperanza Fortich WINDERMERE, FL 34786 3) ____ Change __ Add Remove 5145 LATROBE DR. T, D Adriana Soriano Moreno Change WINDERMERE, FL 34786 Remove 5/ ____ Change ___ Add Remove Change

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. If amending Or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u></u> , , ,	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	04/02/2021		
The date of each amendment(s date this document was signed.			, if other than ih
Effective date if applicable:			
	(no more than 9	0 days after amendment file date)	·· <u> </u>
Note: If the date inserted in the document's effective date on the		cable statutory filing requirements, this date	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or l	board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/wer		é number of votes cast lor the amendment(s)	
		ough voting groups. The following statemen vote separately on the amendment(s):	t
"The number of votes of	ast for the amendment(s) was/we	re sufficient for approval	
by		n	
,	(voting group)		
·04-27-0	1		
Dated	<u> </u>		
	1100		
Signature	35		.
sele		per —if directors or officers have not been e hands of a receiver, trustee, or other court).	
	Luciano Garcia Rangel		
	(Typed or printed	name of person signing)	
	President		
	(Title of person sig	zniny)	

FILED

2021 JUN -3 AM 8: 05

SELACIARY OF STATE
TALLAHASSEE, FLORIDA