

L25000032380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

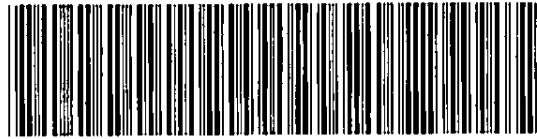
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



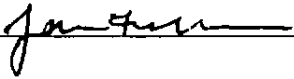
600442582876

FILED
2025 FEB -6 PM 3:11
TALLAHASSEE, FLORIDA

RECEIVED
2025 FEB -6 PM 3:21

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$25.00

Authorization Signature 

Carewell Urgent Care Centers of FL, PLLC

Business #Document

Walk in _____ Will wait

_____ Certified Copies of articles

_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ LLC
_____ Domestication
_____ INC
_____ CORP
_____ OTHER

AMENDMENTS

X Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Revocation of Dissolution
_____ Conversion
_____ Statement of Authority
_____ Merger
_____ Restated Articles

OTHER FILINGS

_____ TRANSMITTAL LETTER
_____ Fictitious Name
_____ Statement of Authority
_____ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

_____ Foreign Filing
_____ Partnership
_____ Reinstatement
_____ Statement of CORRECTION
_____ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREWELL URGENT CARE CENTERS OF FL, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Amanda Erin Pruett

Name of Person

CAREWELL URGENT CARE CENTERS OF FLORIDA, PLLC

Firm/Company

125 W INDIANTOWN RD STE 103

Address

Jupiter, FL 33458

City/State and Zip Code

Draepuett@gmail.com

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

For further information concerning this matter, please call:

Dr. Amanda Erin Pruett

919 454-6233
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAREWELL URGENT CARE CENTERS OF FL, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2025 FEB -6 PM 3:11

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/17/2025 and assigned

Florida document number L25000032380.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CAREWELL URGENT CARE CENTERS OF FLORIDA, PLLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

_____ ☐ Add

[Remove](#)

_____ ☐ Change

☐ Add

[Remove](#)

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[Remove](#)

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[Remove](#)

_____ ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Business name was filed incorrectly by Legal Zoom. Correct business name should be

CAREWELL URGENT CARE CENTERS OF FLORIDA, PLLC

FILED
2025 FEB -6 PM 3:11
TALLAHASSEE, FLORIDA

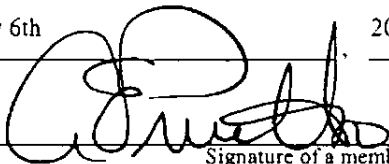
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 6th, 2025



Signature of a member or authorized representative of a member

Dr. Amanda Erin Pruett

Typed or printed name of signee