

h10000064705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

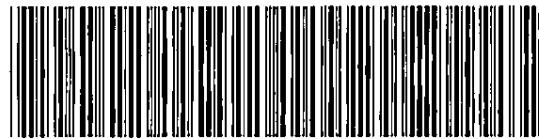
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Fl. Land certificate to R.P. Address
Per. Paul Kogan 11-14-18

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NOV 13 2018 AM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL

NOV 13 2018 PM 2:03
TALLAHASSEE, FL

UJS
11-13-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEAK PERFORMANCE REHABILITATION LLC

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:

Paul Kogan, Esq.

Name of Person

The Kogan Firm, P.A.

Firm/Company

330 N. Andrews Ave. Ste. 450

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

paul@kogan.law

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

For further information concerning this matter, please call:

Paul Kogan, Esq.

954 281-8888
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PEAK PERFORMANCE REHABILITATION LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/14/2010 and assigned Florida document number L10000064705.

This amendment is submitted to amend the following:

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

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:

The Kogan Firm, PA

New Registered Office Address:

330 N. Andrews Ave., Ste. 450

Enter Florida street address

330 N. Andrews Ave., Ste. 450

Florida 33301

Zip Code

Ft. Lauderdale

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

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NOV 9 AM 2:04
TALLAHASSEE, FL
SECRETARY OF STATE

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARK GRNJA	632 N. FEDERAL HWY.	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GMRM	DION JOANNOU	632 N. FEDERAL HWY.	<input type="checkbox"/> Add
		FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CIARAN MCCOURT	632 N. FEDERAL HWY.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARGARET MCCOURT	632 N. FEDERAL HWY.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

E. Effective date, if other than the date of filing: NOVEMBER 1, 2018 (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 601.207 (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 NOVEMBER 5 2018

Signature of a member or authorized representative of a member

PAVEL KOGAN, ESQ.

Typed or printed name of signee

FILED
2016 NOV -3 AM 2:04
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
JUDGE: J. L. ROSS
CASE NO. 16-13007 (3)(b)
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-14-2018 BY 60322 UCBAW/STW