Florida Department of State Division of Corporations Description Filing Covershoot

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002297913)))

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certified Copy 0	lote: DO NOT	hit the REFRESH/RELOAD button on your browser from this age. Doing so will generate another cover sheet.	SEP 1
Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 The email address for this business entity to be used for future annual report mailings. Enter only one email address please.** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certificate Copy O Certificate Copy O Certificate Of Status Certificate Copy Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 The email address for this business entity to be used for future annual report mailings. Enter only one email address please.** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Certificate of Status Certificate Of Certificate Of Status Certificate Of Certificate Of	To:	Division of Corporations Fax Number : (850)617-6383	15 MP
Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 The email address for this business entity to be used for future annual report mailings. Enter only one email address please.** LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certificate Copy 0	From:	AOA	田田
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certificate Copy O Certificate Copy O		Account Number : 072450003255 Phone : (305)634-3694	
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certified Copy 0			
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC Certificate of Status Certified Copy 0	r the email	address for this business entity to be used for futute mailings. Enter only one email address please.**	re
Certificate of Status Certified Copy 0	annual repor	t mailings. Enter only one email address please.**	••
Certificate of Status Certified Copy 0	annual repor	t mailings. Enter only one email address please.**	438 9107
Certified Copy 0	LLC AM	s:	2016 SEP 15
	Email Addres	s: ND/RESTATE/CORRECT OR M/MG RESIGN MYP INDIAN RIVER CENTER, LLC	2016 SEP 15
Estimated Charge \$25.00	annual repor	nd/Restate/Correct or M/MG resign MYP INDIAN RIVER CENTER, LLC Certificate of Status	2010 SEP

Electronic Filing Menu

Corporate Filing Menu

Help

allelikas

(V)

H10000000000191

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Filing Fee: \$25.80 Certified Copy: \$30.00 (optional)									
	Registered Agent's Signature								
I harel provisi obliga reflect	by acceptions of a tions of	d Agent's Signature, if changing Registere I the appointment as registered agent and cill statutes relative to the proper and compl my position as registered agent as provided to in the registered office address, I hereby	agree to act in lete performant d for in Chapte	te of my duties, and I am famil r 605, F.S. Or, if this documen	liar with and accept the				
Signat accept	ure of n ing the	ew registered agent, if applicable :(NOTE: designation).		ne registered agent, the new re	gistered agent must sign				
		Signature of Authorized Representative	/e	9-14- Date					
	The e	lectronic transmission of the record was de	fective.	9-14-	2016				
	OR				MA TO				
					25 PP 15				
ليا	as fol		to document w	as delicervery signed and pro-	TALL SECTION				
П	<u>OR</u>	lefectively signed. The manner in which th	ne document w	as defectively signed and the a	ppropriate correction are				
			 **						
	Ma	naging Member, and Mos	he Popac	k, Managing Mem	ber.				
	Rei	Remove Moshe Popack as AMBR and replace with Joseph Popack,							
凶		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	:	CHECK THE APPROPRIATE BOX A	ND COMPLE	TE THE APPLICABLE ST	<u>ATEMENT</u>				
THIR	<u>D</u> :	Document to be corrected is:							
SECO	ND;	The Florida Document number of the lin	mited liability	ompany is: L16000127	7008				
FIRS	L: The n	ame of the limited hability company is:							
		etion 695,0209, F.S., this document is being ame of the limited liability company is:	-	•					

CR2E062 (9/15)