

L20000272351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

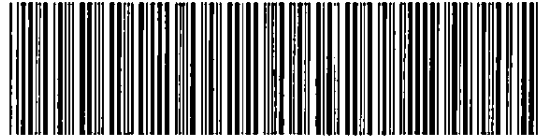
(Business Entity Name)

(Document Number)

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7/8/24
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASPEN HEALTHCARE GROUP, 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:

SUSAN GALI

Name of Person

Firm/Company

2415 STERLING ROAD

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

SGALI@EVOHCG.COM

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

For further information concerning this matter, please call:

HILLEL ADELMAN

718 755-4201
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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**

ASPEN HEALTHCARE GROUP, 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 09/01/2020 and assigned
Florida document number 1.20000272351.

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

SUSAN GALL

New Registered Office Address:

2415 STERLING ROAD

Enter Florida street address

FORT LAUDERDALE

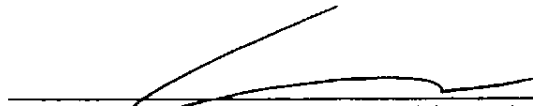
Florida 33312

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

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>
AMBR	KASRIEL NOJOWITZ	279 OAKLEY AVENUE	<input checked="" type="checkbox"/> Add
		LONG BRANCH, NJ 07740	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID HILLEL	210 LENOX AVENUE	<input checked="" type="checkbox"/> Add
		LONG BRANCH, NJ 07740	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACOB ADELMAN	144 BEACH 5TH STREET, UNIT B	<input checked="" type="checkbox"/> Add
		FAR ROCKAWAY, NY 11691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOSHE ADELMAN	11 STRYKER STREET	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HILLEL ADELMAN	4201 NW 4TH AVENUE	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00