

**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.  
 Account Number : I20030000043  
 Phone : (800)342-9856  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**VIBRANT LIFE HOME HEALTH CARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

**RECEIVED**

2023 JUN 30 PM 3:41

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2023 JUN 30 PM 1:27

**APPROVED  
 AND  
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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: VIBRANT LIFE HOME HEALTH CARE, LLC

**SECOND:** The Florida Document number of the limited liability company is: L23000215189

**THIRD:** Document to be corrected is: ARTICLES OF AMENDMENT

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

N/A - ALL STATEMENTS ARE CORRECT

**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

THE SIGNATURE OF MEMBER & THE TYPED NAME OF SIGNATOR ARE INCORRECT, THEY SHOULD

SAY MARK PESCHANSKY, NOT MICHAEL PESCHANSKY.

**OR**

- ☒ The electronic transmission of the record was defective.

/s/ Mark Peschansky

Signature of Authorized Representative

Date

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 TALLAHASSEE, FLORIDA  
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Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)