

L23000226759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

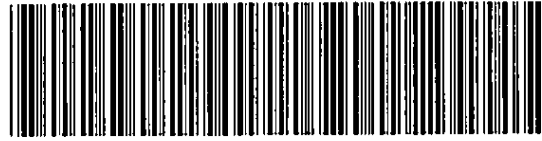
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/07/23--01001--026 \*\*25.00

RECEIVED

2023 JUN - 7 AM 10: 27

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 JUN - 9 PM 12: 00

STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** MISTY 6/7

**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**XX FILING** LLC AMEND

**1. REVIVAL HEALTH SERVICE L.L.C.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**2.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revival Health Service L.L.C.

\_\_\_\_\_  
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:

Yitzchak Newman

\_\_\_\_\_  
Name of Person

Revival Health Service L.L.C.

\_\_\_\_\_  
Firm/Company

20980 Cipres Way

\_\_\_\_\_  
Address

Boca Raton, FL 33433

\_\_\_\_\_  
City/State and Zip Code

inewman@theservgroup.com

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

For further information concerning this matter, please call:

Deborah Klein

561 484-2947  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2023

CORPORATE ACCESS

SUBJECT: REVIVAL HEALTH SERVICES LLC  
Ref. Number: L23000226759

We have received your document for REVIVAL HEALTH SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the LLC on the Articles of Amendment does not match DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 023A00013031

RECEIVED  
2023 JUN -9 AM 10:30  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
2023. 08 -9 PM 12: 17  
STATE  
OFFICE, FL

Revival Health Services 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 5/8/2023 and assigned Florida document number L23000226759

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:**

21065 Powerline Road

**(Principal office address MUST BE A STREET ADDRESS)**

Unit 35

Boca Raton, FL 33433

**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

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

2023 JUN -9 PM 12:17  
STATE DEPT. OF STATE  
RECORDS & COMM. FILE

FILED

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 6/6, 2023

/s/ Deborah Klein

Signature of a member or authorized representative of a member

Deborah Klein

Typed or printed name of signee

Filing Fee: \$25.00