124000139827

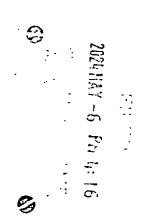
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100429165351

05/406/74--01020--021 **25.00



COVER LETTER

				:	
CHRIRCT.		EALTHCARE LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	ı all correspo	ondence concerning this matter	to the following:		
	Division of Corporations HIRSH HEALTHCARE LLC Name of Limited Liability Company osed Articles of Amendment and fec(s) are submitted for filing. turn all correspondence concerning this matter to the following: DIANE ELLER Name of Person DAVID M BECKERMAN PA Firm/Company 7000 W PALMETTO PARK ROAD. SUITE 500 Address BOCA RATON. FL 33433 City/State and Zip Code DIANE@BECKERMANLAW.COM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: LLER Name of Person at (Area Code				
			Name of Person		
		DAVID M BECKERMAN	N PA		
Firm/Company					
		7000 W PALMETTO PAI	RK ROAD, SUITE 500		
			Address		
		BOCA RATON, FL 3343.	3		
			City/State and Zip Code		
Division of Corporations HIRSH HEALTHCARE 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: DIANE ELLER Name of Person					
F 6 .1			·	ification)	
For further i	ntormation c	oncerning this matter, please c	all:		
DIAN ELLI	ER				
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
				ection	
Div	rision of C	orporations			
	P.O. Box 6327 The Centre of Tallahassee				
i ai	nanassee, 1	TL 02014	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIRSH HEALTHCARE LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000139827	3/21/2024 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	here:
HIRSH HEALTHCARE SOLUTIONS LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	20
	2024 HAY
Inter new mailing address, if applicable:	% − 6 % − 24 % − 17
Mailing address MAY BE A POST OFFICE BOX)	**1
	944
	_ {- 6
 If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: 	records, enter the fame of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
· · · · · · · · · · · · · · · · · · ·	lorida street address

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.

City

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 = M $AMBR = A$	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
		-	
			□Remove
			☐ Change
			□Remove
			Change
			□Remove

______ Change

	AME CHANGE ONLY	
_		
_		
-		
_		
-		
_		
_		
_		
_		
_		
_		
ffectiv	e date, if other than the date of filing:	
an ence lote: I	tive 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, f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	0207 (dinsi
ocume	nt's effective date on the Department of State's records.	G 4.5 1
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
l is file	.1.	
4	/10/2024	
ated _	·	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00