



**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.

((H19000153245 3)))



H190001532453ABC7

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC  
Account Number : 120080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

**\*\*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  
PEYU HEALTH CARE LLC**

Certificate of Status	3
Certified Copy	0
Page Count	03
Estimated Charge	\$40.00

We do not need 3 status reports just 1 and credit the difference.  
Thanks!

2019 MAY 9 AM 11:16

2019 MAY -9 AM 11:16

FILED

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PEYU Health Care LLC

Enter new principal office address, if applicable: 1835 WILSON ST

(Principal office address

MUST BE A STREET ADDRESS)

HOLLYWOOD, FL 33009

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1835 WILSON ST

HOLLYWOOD, FL 33009

2. The Florida document number of this limited liability company is: M19000004193

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/25/2019

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Joe Hirsch	2189 SOUTH TIIU COURT	<input type="checkbox"/> Add
		TOMS RIVER, NJ 08755	<input checked="" type="checkbox"/> Remove
MBR	Joseph Hirsch	2189 SOUTH TIIU COURT	<input checked="" type="checkbox"/> Add
		TOMS RIVER, NJ 08755	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Joseph Hirsch

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2019 MAY -9 AM 11:16  
TALLAHASSEE, FL