

m23000002742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

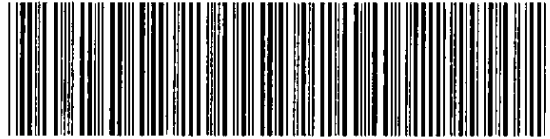
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Special Instructions to Filing Officer:

Articles we updated per the  
customer's request 8.23.23

J. Dennis

Office Use Only



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FILED  
SECRETARY OF STATE  
2023 AUG -2 PM 1:40

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Apopka South SNF Operations LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gila Gewirtz, Project Manager

Name of Person

Apopka South SNF Operations Holdings LLC

Firm/Company

1777 Avenue of the States, Ste 204

Address

Lakewood, NJ 08701

City/State and Zip Code

gilag@infinitecare.com

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

For further information concerning this matter, please call:

Gila Gewirtz, Project Manager 917 617-9317  
Name of Person at (Area Code) Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: Apopka South SNF Operations LLC

**SECOND:** The Florida Document number of the limited liability company is: M123000002742

**THIRD:** Document to be corrected is: The articles of organization filed 03/03/23

**(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:

Title MBR is not Solomon Klein. It should be listed as: Apopka South SNF Operations Holdings LLC

1777 Avenue of the States, Ste 204, Lakewood, NJ 08701

Solomon Klein - AP ;  
Apopka South SNF Operations Holdings LLC - MGR

**OR**

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

**OR**

- ☒ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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.*

Giladewirtz

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

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