

M23000009602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

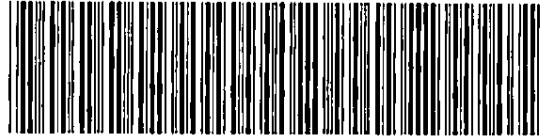
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 12/20/2023

Name: Xavian Brown

Reference #: 2214367

Entity Name: VERED HEALTHCARE GROUP LLC

Account#: I200000000088
For any issues please contact
Xavian Brown
518-213-0739

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

**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: VERED HEALTHCARE GROUP LLC

Enter new principal office address, if applicable: 31 Brookfall Rd.

(Principal office address
MUST BE A STREET ADDRESS) Edison NJ, 08817

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 31 Brookfall Rd.
Edison NJ, 08817

2. The Florida document number of this limited liability company is: M23000009602

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 24, 2023

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

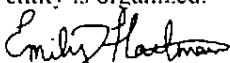
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

In accordance with 605.0902 (1)(e), the amendment changes the person, title, or capacity from Joe Neuman, Authorized Person to Eliyahu Mirlis, Authorized Person.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Eliyahu Mirlis	31 Brookfall Rd.	<input checked="" type="checkbox"/> Add
		Edison NJ, 08817	<input type="checkbox"/> Remove
Authorized Person	Joe Neuman	144 Shady Lane Dr.	<input type="checkbox"/> Add
		Lakewood, NJ 08701	<input checked="" 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

Emily Hartman, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00