7/8/24, 12:18 PM

To:

Division of Corporations

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.

(((H24000231260 3)))



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 : VCORP SERVICES, LLC

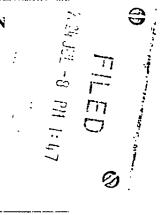
Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

**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 HADAR HEALTHCARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



Electronic Filing Menu

Corporate Filing Menu

11Clp 5202 60 701

T. LEVIEUX

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

18886118813

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida D	epartment of	
State: Hadar Healthcare LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2; <u>11,</u>	
2. The Florida document number of this limited liab	oility company is: M240000085	39 2 1	
Jurisdiction of its organization: Delaware		-57	
4. Date authorized to do business in Florida: 7/02/2		· · · · · · · · · · · · · · · · · · ·	
SECTION II (5-9 complete only the applicable c	hanges)	7	
5. New name of the limited liability company: (must	contain "Limited Liability Con	pany, " "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the alt	usiness in Florida and attach a ernate name. The alternate nam	16
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our records dress here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	Street Address	
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper c and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	t and agree to act in this capact and complete performance of m ared agent as provided for in Ch in the registered office address,	v duties, and I am familiar with apter 605, F.S. Or, if this	1

3

If Changing Registered Agent, Signature of New Registered Agent

To:

8. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:							
itle/ Capacity	Name	Address	Type of Action				
MBR	ASHREINU LLC		□Add				
			Remo				
MBR	ZOS CHANUKAH LLC		□Add				
			⊠ Remo				
MGR	MICHAEL FARAII	4300 BISCAYNE BLVD STE 303	⊠∧dd				
		MIAMI, FL 33137	□Remo				
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			🗆 Remo				
			___Add				
aforementio	a certificate, if required: no more that med amendment(s), duly authenticate under the law of which this entity is	ed by the official having custody of records in t	□Remo				
	ls! Michael Farah						
	Signatu	re of the authorized representative					

Filing Fee: \$25.00