

4/4/24, 5:53 PM

Division of Corporations

L2400051515
Florida Department of State
Division of Corporations
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dovi@miltonhealthgroup.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MILTON RECOVERY LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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APR 08 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MILTON RECOVERY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/30/2024 and assigned Florida document number L24000051515.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

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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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL SCHWARTZ	5120 19TH AVE	<input type="checkbox"/> Add
		BROOKLYN, NY 11204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL SCHWARTZ	5120 19TH AVE	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YITZCHOK SCHWARTZ	185 CLYMER ST, STE 113	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YITZCHOK SCHWARTZ	185 CLYMER ST, STE 113	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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