L03000030275

(Requestor's Name)

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(Document Number)

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ARTICLES
AND
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06 APR 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suncoast Total Healthcare, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Erodenko
(Name of Person)

SUNCOAST TOTAL HEALTHCARE, LLC
(Firm/Company)

24945 U.S. HIGHWAY 19 NORTH
(Address)

CLEARWATER FL 33763 US
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Erodenko at (727) 726-1460
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $25.00 Filing Fee
- ☒ $30.00 Filing Fee & Certificate of Status
- ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2006

SHARON ERODENKO
24945 US HIGHWAY 19 NORTH
CLEARWATER, FL 33763

SUBJECT: SUNCOAST TOTAL HEALTHCARE, LLC
Ref. Number: L03000030275

We have received your document for SUNCOAST TOTAL HEALTHCARE, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 406A00022132

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Suncoast Total Healthcare. LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/14/2003 and assigned document number L03000030275.

SECOND: This amendment is submitted to amend the following:

Article IV, the name and street address of the registered agent is changed to:

Sharon Erodenko, 24945 U.S. HIGHWAY 19 NORTH, CLEARWATER FL 33763 US.

Article V, the name and address of the managing members are as follows:

MGRM WOLSTEIN, BRIAN G, 24945 U.S. HIGHWAY 19 NORTH, CLEARWATER FL 33763 US

MGRM WOLSTEIN, KAREN J, 24945 U.S. HIGHWAY 19 NORTH, CLEARWATER FL 33763 US

MGRM WOLSTEIN, DAVID, 24945 U.S. HIGHWAY 19 NORTH, CLEARWATER FL 33763 US

I hereby am familiar with and accept duties and Responsibilities as registered agent for said LLC

Dated September 12, 2005.

Signature of a member or authorized representative of a member

Sharon Erodenko
Typed or printed name of signee

Filing Fee: $25.00

APPROVED AND FILED
06 APR 17 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA