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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112

: (302)575-0875

Fax Number

: (302)575-0925

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MLB HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	912
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

lofl

MAR-17-2011 13:20

From: 3025751642

Mar 17 11 10:01a

Marie Benoit



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MLB HEALTH LLC			
(Name of the Limited I	isbility Company as it now appears florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia		10/1/2010 and assigned		
Florida document numberL100001029	144			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the limited liability company here:				
	Healthcare Academy LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applical	ole:			
(Principal office address MUST RE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OF FICE BO	174			
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter	Floridu street address		
<u>-</u>		, Florida		
	Ctry	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 608, 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

MAR-17-2011 13:20

From:3025751642

Mar 17 11 10:01a

Marie Benoit

954-578-9714

p.2

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>itle</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Romove
If amea			Remove
If amen		e(s) here: (Attach additional sheets, if necessary.)	

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Filing Fee: \$25.00

SECRETARY OF STATE OIVISION OF CORPORATIONS