

LD500091181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

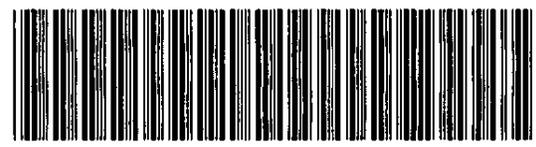
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07/06/15--01039--008 **43.75

07/23/15--01001--016 **11.25

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TALLAHASSEE, FLORIDA

JUL 22 2015

S. YOUNG

JUL

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2015

SCOTT COLETTI
5633 SR 54
NEW PORT RICHEY, FL 34652

SUBJECT: BAYWEST HEALTH & REHAB, LLC
Ref. Number: L05000091181

We have received your document for BAYWEST HEALTH & REHAB, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 415A00014507

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TALLAHASSEE, FLORIDA

7/1/2015

To Whom It May Concern,

I am writing this letter to you in regards to changing some info my information. Allison Coletti no longer has any affiliation to Baywest Health and Rehab, LLC. Per some other licensing requirements I need this correction made as soon as possible, because of a twenty day window required for the license renewal. If you have any questions please feel free to call Jenifer Nichols as she is handling this for me.

Thank You,



Scott Coletti

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Baywest Health and Rehab, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Scott Colatti
Name of Person

Baywest Health and Rehab, LLC
Firm/Company

5633 SR 54
Address

New Port Richey, FL 34652
City/State and Zip Code

Scott.Coletti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Nichols at (727) 372-0091
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Baywest Health and Rehab, 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 9/16/2005 and assigned Florida document number L05000091181.

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)

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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

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>
<u>MGRM</u>	<u>Allison Coletti</u>		<input type="checkbox"/> Add
		<u>5633 SE 54 New Port Richey Fl</u>	<input checked="" type="checkbox"/> Remove
		<u>34606</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

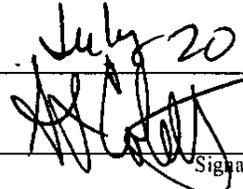
Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 20 2015



Signature of a member or authorized representative of a member

Scott Coletti

Typed or printed name of signee



7/20/15

Shelia H. Young

Doc # L05000091181

Per our conversation here is the correct paperwork to make changes or our information. Being that AHCA is requiring a license renewal from us, we are needing this correction as soon as possible, because there is a timeframe the renewal has to be finished by or we lose the money we sent in for the renewal. Also I have attached the additional amount needed for payment. You had stated to make this to your attention and that you would make sure it was put through immediately. Thank you for your time on the phone and the corrections needed! Please contact me if there are any more issues.

Thank You,

Jenifer Nichols

(727) 372-0091

msjenninichols@gmail.com

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