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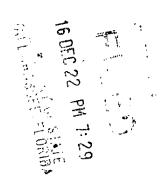
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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N. CAUSSEAUX DEC 23 2016

COVER LETTER

Division of C	Corporations		
MUTUA	AL FAMILY HEALTH LLC		
SUBJECT:	Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corre	spondence concerning this matter to	o the following:	
	YEZABELL FIGUEROA		
		Name of Person	
	MUTUAL FAMILY HEAL	TH LLC '	
		Firm/Company	
	6702 W LINEBAUGH AV	E .	
_	 	Address	
	TAMPA FL 33625		
		City/State and Zip Code	
	YFIGUEROA@MUTUALF.		
	•	be used for future annual report notif	ication)
For further informatio	n concerning this matter, please cal	l:	
YEZABELL FIGUEI	ROA	813 630-3059 at ()	
Nan	ne of Person	Area Code Daytime	: Telephone Number
Enclosed is a check fo	or 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUTUAL FAMILY HEALTH LLC		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document number L13000066176		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	T ADDRESS)	
		22
Enter new mailing address, if applicable:	***************************************	7
(Mailing address MAY BE A POST OFFICE BOX)		20.00
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, enter the name of the new
Name of New Registered Agent:	YEZABELL M FIGUEROA	
New Registered Office Address:	6702 W LINEBAUGH AVE	ida street address
	TAMPA	
	1 7 11411 7 2	, Florida 33625

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.

City

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>	Type of Action
MGRM	YEZABELL M. FIGUEROA	6702 W LINEBAUGH AVE	■ Add
		TAMPA FL 33625	□ Remove
			Change
MGRM	ARAMIS FALCON	6702 W LINEBAUGH AVE	
		TAMPA FL 33625	■ Remove
			Change
AMBR	BRENDA FIGUEROA	6702 W LINEBAUGH AVE	□ Add
•		TAMPA FL 33625	□ Remove
			☐ Change
			Agd T
			□ Remove
			Change 20
			□ Remove
			Change
			Add
	•		□ Remove
			☐ Change

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ective date, if other tha	n the date of filing	cannot be prior to date o	f filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.020
	his block does not m	eet the applicable star		nts, this date will not be listed a
ument s checuve date off	me Department of St	ane s records.	•	
record specifies a del	ayed effective d	ate, but not an e	fective time, at 12	2:01 a.m. on the earlier
he 90th day after the		•	·	
, DECEMBER 6	A	2016		
ed	 ,	•		
u AAA	<i>*/</i>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00