

L13000066176

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DIVISION OF CORPORATIONS
18 MAY 29 PM 1:24

N COOPER

MAY 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MUTUAL FAMILY HEALTH 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:

YEZABELL FIGUEROA

Name of Person

MUTUAL FAMILY HEALTH LLC

Firm/Company

6702 W LINEBAUGH AVE

Address

TAMPA FL 33625

City/State and Zip Code

YFIGUEROA@MUTUALFAMILYHEALTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YEZABELL FIGUEROA

813 630-3059
at ()

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

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

MUTUAL FAMILY HEALTH 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 05/06/2013 and assigned
Florida document number L13000066176.

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) _____

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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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	BRENDA LEE FIGUEROA	6702 W LINEBAUGH AVE TAMPA FL 33625	Add Remove Change Add Remove Change Add Remove Change Add Remove Change Add Remove Change

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

THE ANNUAL REPORT WAS FILED ELECTRONICALLY ON 03/08/18 WITH THE CORRECT
INFORMATION THAT HAVE 2 MEMBERS IN MUTUAL FAMILY HEALTH LLC: YEZABELL
FIGUEROA AND BRENDA LEE FIGUEROA. WE JUST NOTICED THAT A MISTAKE HAS BEEN MADE
THAT ANOTHER ANNUAL REPORT HAS BEEN FILED ON 04/20/18 WITH YEZABELL FIGUEROA
AS THE ONLY MEMBER. BRENDA LEE FIGUEROA AND YEZABELL FIGUEROA HAVE BEEN
TOGETHER AS MEMBERS OF MUTUAL FAMILY HEALTH LLC SINCE 2016 AND THEY HAVE HAD
OWNERSHIP IN MUTUAL FAMILY HEALTH LLC. NO CHANGES SHOULD HAVE BEEN MADE
ON 04/20/18.

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18 MAY 29 PM 1:24

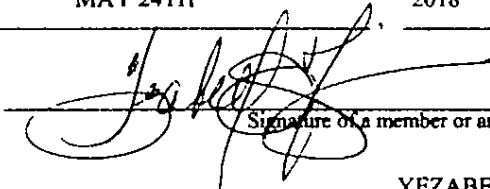
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 24TH, 2018



Signature of a member or authorized representative of a member

YEZABELL FIGUEROA

Typed or printed name of signer