L16000107507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/29/16--01009--010 **25.00

2017 JAN 13 AM 8:31

M. MILLIGAN
JAN 18 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2016

RECEIVED
2017 JAN 13 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MLT HEALTH LLC
MICHAEL TUCCIO
13601 LYTTON WAY
TAMPA, FL 33624

SUBJECT: MLT HEALTH LLC
Ref. Number: L15000107507

We have received your document for MLT HEALTH LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00027766

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MLT 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:

Michael TUCCIO
Name of Person

MLT Health, LLC
Firm/Company

13601 Lytton Way
Address

Tampa, FL 33624
City/State and Zip Code

LisaTuccio@irehabnow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa TUCCIO at (813) 841-2486
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

MLT 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 6/19/2015 and assigned Florida document number L15000107507

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)

13601 Lytton Way
Tampa, FL 33624

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13601 Lytton Way
Tampa, FL 33624

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: LISA TUCCIO

New Registered Office Address: 13601 Lytton Way
Enter Florida street address

Tampa, **Florida** 33624
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.

Lisa Tuccio
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
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		______________________________	☐ Remove
		______________________________	☐ Change
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		______________________________	☐ Remove
		______________________________	☐ Change
______	____________________	______________________________	☐ Add
		______________________________	☐ Remove
		______________________________	☐ Change

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 12/27, 2016.

Lisa Tuccio
Signature of a member or authorized representative of a member

LISA TUCCIO
Typed or printed name of signee

2017 JAN 13 AM 8:31

Filing Fee: $25.00