L02000018680

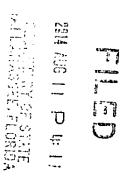
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B. POSTICK
AUG 1 2 2014
EX. MIRISE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Momentum Senior Care 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:

John Helsel

Name of Person

Momentum Senior Care LLC

Firm/Company

PO Box 110881

Address

Naples FL 34108

City/State and Zip Code

john@solarisrehab.com

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

For further information concerning this matter, please call:

Patti Goodling

Name of Person

239, 206-8187

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

Momentum Senior Care 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 07/24/2002 and assigned Florida document number L02000018680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Solaris HealthCare Solutions, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9520 Bonita Beach Rd SE Enter new principal offices address, if applicable: Bonita Springs FL 34135 (Principal office address MUST BE A STREET ADDRESS) PO Box 110881 Enter new mailing address, if applicable: Naples FL 34108 (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

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Remove
			□ Remove
			Remoye
			Remove
	·		□ Remove

Effective date, if other than the date of filing:	:(optional)
The effective date must be specific, cannot be prior to date	e of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	of State)
the date this document is filed by the Florida Department	of State) 2014
the date this document is filed by the Florida Department	of State)
Dated July 15	of State) 2014 Lember or authorized representative of a member

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Filing Fee: \$25.00