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Office Use Only



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COVER LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|---|---|---|-------------------------|
| SUBJECT: | COM | FORT HOME CARE, LLO | 5. | |
| SUBSECT. | (Name of L | imited Liability Company) | | |
| The enclosed Article | es of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corr | respondence concerning this matte | er to the following: | | |
| | | A M. VARDEĻEON | | . 33. |
| | | (Name of Person) | | |
| | COMFORT | HOME CARE, LLC. | | . ÷ |
| | | (Firm/Company) | | |
| | 3515 Palm Ha | arbor Blvd., Suite A | | |
| | | (Address) | | , |
| | Palm Harbor, | FL 34683-1416 | | e. ≒s. S |
| | (City | /State and Zip Code) | · | Z FFR |
| | | | , , | |
| For further informat | ion concerning this matter, please | call: | ţ | |
| | EMELITA M. VARDE | LEON at 727 786- | : 16); R 1 | |
| | (Name of Person) | | ne Telephone Number) | STAIL STAIL RATIO |
| | | | • | ∞ <u>Š</u> ∟ |
| Enclosed is a check fo | r the following amount: | | | *** |
| \$25,00 Filing Fee | S30.00 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 enc | losed) |

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

| (Present Name) (A Florida Limited Liability Company) | |
|---|--------------|
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| | |
| FIRST: The Articles of Organization were filed on 6/30/04 and assigned document number 40400046624. | |
| | |
| SECOND: This amendment is submitted to amend the following: | |
| | |
| NAME CHANGE TO: WALL SPRINGS LEASING, LLC. | |
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| Dated February 15 2007 | |
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| INTO Sole | |
| Signature of a member or authorized representative of a member | |
| CARLITA BA MADOCI COMI | |
| EMELITA M. VARDELEON Typed or printed name of signee | |

Filing Fee: \$25.00