

LO5000064465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

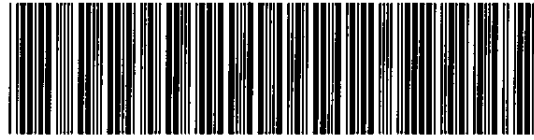
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Williamson Family Home 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:

Ofelia Zapata

(Name of Person)

Williamson Family Home Care, LLC

(Firm/Company)

14450 SW 46th Court

(Address)

Ocala, FL, 34473

(City/State and Zip Code)

For further information concerning this matter, please call:

Ofelia Zapata

(Name of Person)

at (352) 425- 9693

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2007

OFELIA ZAPATA
WILLIAMSON FAMILY HOME CARE, LLC
14450 SW 46 COURT
OCALA, FL 34473

SUBJECT: WILLIAMSON FAMILY HOME CARE, LLC
Ref. Number: L05000064465

We have received your document for WILLIAMSON FAMILY HOME CARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 807A00049911

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Williamson Family Home Care, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 6/29/2005 and assigned document number L05000064465.

SECOND: This amendment is submitted to amend the following:

We will like to change the business name

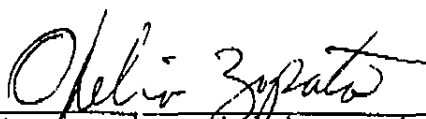
from Williamson Family Home Care to:

Community Miracle BP, LLC

Also the address is being changed to:

6157 SE Baseline Road, Belleview, FL, 34420

Dated 8/16, 2007.



Signature of a member or authorized representative of a member

Ofelia Zapata

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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