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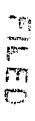
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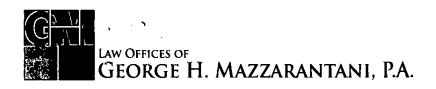
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EXAMINER SECRETARY OF ALLAHASSEE R





PHONE: 941.954.6000 FAX: 877.565.1126 www.mazzarantanl.com

1800 Second Street, Suite 708 Sarasota, FL 34236

April 14, 2012

VIA FEDERAL EXPRESS (tracking no. 8993-9260-0231)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Articles of Amendment to Articles of Organization to

Solana Home Health Agency LLC

To Whom It May Concern:

Please see attached the Articles of Amendment to Articles of Organization to Solana Home Health Agency LLC.

We respectfully request that these be filed immediately.

Enclosed is our check for \$25.00, payable to Florida Department of State. Thank you.

Very Truly Yeur

Law Offices of

George H. Mazzarentani, P.A.

George H. Mazzarantani, Esq.

For The Firm

george@mazzarantani.com

GHM/lei

Cc:

Kevin Wicks

Thomas Gilberti

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ECT:	SOLANA HOME	HEALTH AGENCY	LLC	
		Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The end	closed Articles of A	Amendment and fee(s) are su	abmitted for filing.		
		idence concerning this matte	_	·	
		George H. Mazzarantani, Esq.			
		Law Offices	of George H. Mazzarar	ntani, P.A.	
		Firm/Company			
1800 Second Street Address Sarasota, Florida 34236 City/State and Zip Code					
				,	
	•	Geo E-mail address:	orge@mazzarantani.com	notification)	
For furt	ther information co	ncerning this matter, please	call:		
	George H. I	Mazzarantani, Esq.	at (<u>941)</u> Area Code & D	954-6000 aytime Telephone Number	
Enclose	ed 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 enc	losed) Certified (of Status &
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	Registration S Division of Co Clifton Buildi	orporations	2812 PR SECRETAL FALL AHAS

2661 Executive Center Circle Tallahassee, FL 32301

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

SOLANA HOME HEALTH AGENCY 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 Liab	oility Company were filed on A	August 1, 2007 @ 8	:00 and	assigne	æd
Florida document numberL070000790			-		
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liability company h	<u>iere</u> :			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Com	npany," the designation "	LLC" or th	he abbre	viation
Enter new principal offices address, if applicab	de:				
(Principal office address MUST BE A STREET.	ADDRESS)		- 	- 23 -	
			- E	7	
	-		圣强	2	ukangsuta:
Enter new mailing address, if applicable:			AR)	6	Similar.
(Mailing address MAY BE A POST OFFICE BO)X) ·		E 0	(DEC	T
	<u> </u>		# S	=	E THE STATE OF
			22		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on e address here:	our records, enter	the name	e of th	<u>e new</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		<u>.</u>		
New Registered Office Address:	<u></u>			Ţ.	
	i	Enter Florida street add	tress		
		, Florida			
	City		Zip Co	ode	
New Registered Agent's Signature, if changing Rec	vistered 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walter Reyes	4218 Nobie Place Parrish, FL 34219	Add ✓ Remove
·	·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
<u> </u>			Add Remove
	***************************************		Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if neces	sary.) AHASSEE
			STATE A
 Dated	April 12	, 2012	
	Signature of	a member or authorized representative of a member	· · ·
		untani, Esq./Attorney-In-Fact & Registered A	gent

Page 2 of 2

Filing Fee: \$25.00