

LOT 000079024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

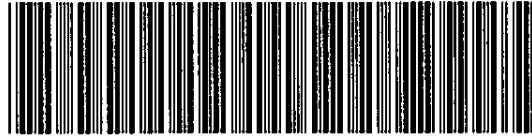
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LAW OFFICES OF
GEORGE H. MAZZARANTANI, P.A.

PHONE: 941.954.6000
FAX: 877.565.1126
WWW.MAZZARANTANI.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:

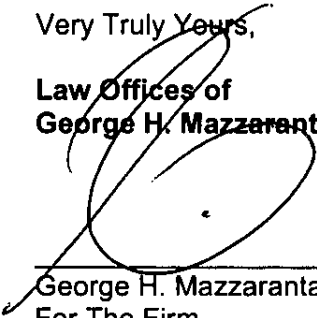
Please see attached the Articles of Amendment to Articles of Organization to
Solana Home Health Agency LLC.

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 Yours,

Law Offices of
George H. Mazzarantani, P.A.


George H. Mazzarantani, Esq.
For The Firm
george@mazzarantani.com

GHM/lej

Cc: Kevin Wicks
Thomas Gilberti

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLANA HOME HEALTH AGENCY 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:

George H. Mazzarantani, Esq.

Name of Person

Law Offices of George H. Mazzarantani, P.A.

Firm/Company

1800 Second Street

Address

Sarasota, Florida 34236

City/State and Zip Code

george@mazzarantani.com

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

For further information concerning this matter, please call:

George H. Mazzarantani, Esq.

Name of Person

at (941)

954-6000

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

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TALLAHASSEE, FLORIDA

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SOLANA HOME HEALTH AGENCY LLC

Page 1 of 2

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Walter Reyes	4218 Noble Place Parrish, FL 34219	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 12, 2012

Signature of a member or authorized representative of a member

George H. Mazzarantani, Esq./Attorney-In-Fact & Registered Agent

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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