

LOT 000079024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

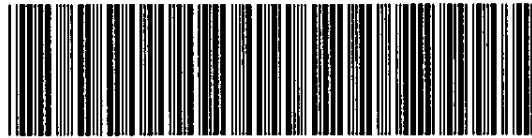
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300229365433

04/16/12--01021--012 **25.00

T. CLINE

APR 17 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 16 AM 11:17

FILED



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:

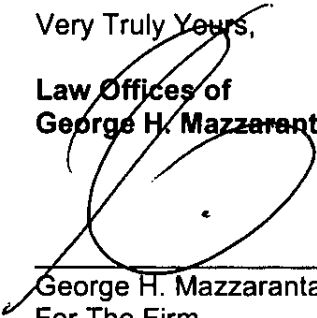
Please see attached the Articles of Amendment to Articles of Organization to
Solana Home Health Agency LLC.

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

2012 APR 16 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. at (**941**) **954-6000**
Name of Person 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

2012 APR 16 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**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 Liability Company were filed on August 1, 2007 @ 8:00 and assigned Florida document number L07000079024.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2007 APR 16 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____

City

Zip Code

New Registered Agent's Signature, if changing Registered 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:

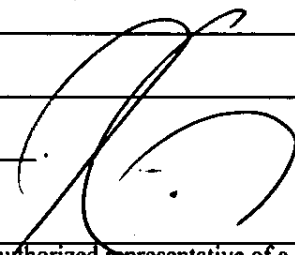
**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<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.)

2012 APR 16 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

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