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C. LEWIS OCT 2 1 2008 EXAMINER

COVER LETTER

TO: '

Registration Section
Division of Corporations

SUBJECT: Risi	ng Opportunities LLC		_
···	(Name of Limited Liability Company) rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Karissa Williams (Name of Person) Rising Opportunities LLC (Firm/Company)		
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	тespondence concerning this matter	(s) are submitted Liability Company) (s) are submitted for filing. his matter to the following: S (Name of Person) nities LLC (Firm/Company) Circle (Address) L., 32735 (City/State and Zip Code) r, please call: at (352) 308-7727 (Area Code & Daytime Telephone Number) ee & Status Certified Copy (additional copy is enclosed) (S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Karissa Williams		
		(Name of Person)	
	Rising Opportunities LLC		
		(Firm/Company)	
	36802 Meridian Circle		
		(Address)	
	Grand Island, FL., 32735	· · · · · · · · · · · · · · · · · · ·	 -
		(City/State and Zip Code)	
For further informat	tion concerning this matter, please c	eall:	
Karissa Williams		at (352) 308-7727	
7)	lame of Person)		elephone Number)
Enclosed is a check	for the following amount:		
☑ \$25.00 Filing Fe	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
•			
R D · P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

2000 OCT 20 PH 2: 49

Rising Opportunities LLC

TALLAHASSEE, FLORIDA (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 12-21-07	and assigned
Florida document number L07000126369		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Signature Home Health Care of Central Florida LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:	(Enter Flo	rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add
If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if neces	sary.)
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Filing Fee: \$25.00