(Re	equestor's Name)	
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(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:		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 03 2016

S. YOUNG



May 18, 2016

**GINA ALLEN** 8000 FAIRWAY TRAIL BOCA RATON, FL 33487

SUBJECT: RISING STAR HEALTH SERVICES, LLC

Ref. Number: L12000075743

We have received your document for RISING STAR HEALTH SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**Division of Corporations** 

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00010523

## **COVER LETTER**

TO:	Registration Division of C				
CHID IE		STAR HEALTH SERVICES, LI	.c		
SUBJE	UI:	Name of Lim	ited Liability Company		
The enci	losed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corres	spondence concerning this matter	to the following:		
		Gina Allen			
			Name of Person		
		RISING STAR HEALTH	SERVICES, LLC		75
		<del> </del>	Firm/Company		16 P
		8000 Fairway Trail			APR 17
			Address		<b>一</b>
		Boca Raton, FL 33487			PH 12: 4-16
			City/State and Zip Code		_ 55%
		ginaallen3693@gmail.com			16 H
For furtl	ner information	E-mail address: ( n concerning this matter, please ca	to be used for future annual report notifi all:	cation)	CRETARY
Erica L.	DeSanti		954 9627367 at ( )		AH 12:
	Nam	e of Person	Area Code Daytime	Telephone Number	TATE ON IDA
Enclose	d is a check fo	or 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 Fe Certificate of St Certified Copy (additional copy is o	tatus &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISING STAR HEALTH SERVICI	•					
(Name of the Limite	d Liability Compa A Florida Limited I	nny as it now appears of Liability Company)	n our records.)	<del></del>		
The Articles of Organization for this Limited Liability Company were filed on			5/2012	and assigned		
Florida document number L12000075743	·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:	:			
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbre	viation "L.L.	C."	
Enter new principal offices address, if applica	ıble:	8000 Fairway Trail	l		-1	
(Principal office address MUST BE A STREE	<u>r Address)</u>	Boca Raton, FL 33	487	<i>ह</i> ै		
				<u> </u>		
				1	SSE	
Enter new mailing address, if applicable:		8000 Fairway Trail	l			
(Mailing address MAY BE A POST OFFICE)	BOX)	Boca Raton, FL 33	487	iż	07	
		4		<u> </u>	<del>var</del> a	
B. If amending the registered agent and/or the new registered of	or registered of fice address her Straley & Otto,	<u>e</u> :	ur records, <u>enter th</u>	e name of	the new	
Name of New Registered Agent:					<del>"</del>	
The Articles of Organization for this Limited Florida document number L12000075743  This amendment is submitted to amend the form.  A. If amending name, enter the new name  The new name must be distinguishable and contain the Enter new principal offices address, if applications of the enter new mailing address MUST BE A STRE  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and	2699 Stirling R	Road, Suite C-207	11		<del></del>	
	Fort Lauderdale		street address Florida 33312	reviation "L.L.C."		
		City	, RDIIGA			

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Margaret Giannone		14728 Shadow Wood Lane	
			Delray Beach, FL 33484	■ Remove
				Change
MGR	Gina Allen		8000 Fairway Trail	<b>⋥</b> Add
			Boca Raton, FL 33487	□ Remove
				□ Change
				TŘÍLAHA APR
				Remove のう
				Change F. ORIGINAL CONTROL CON
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iffective date	e, if other than the date	of filing:		(optio	(len	
Note: If the da	e, if other than the date te is listed, the date must be sp ate inserted in this block do fective date on the Departn	es not meet the ap	plicable statutory fi	r more than 90 days after the ling requirements, this	Gling.) Pursuant to 605.03 date will not be listed	207   as
ne record sp The 90th o	pecifies a delayed effe day after the record is	ctive date, but a filed.	: not an effective	e time, at 12:01 a	.m. on the earlier	· of
Dated		,	·			
	y Williams	ure of a member or	authorized represental	ive of a member		
•	_					
	Gina	1,014		<del></del>		

Page 3 of 3

Filing Fee: \$25.00