

L110000038329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

L11-38329

(Document Number)

Certified Copies _____ Certificates of Status _____

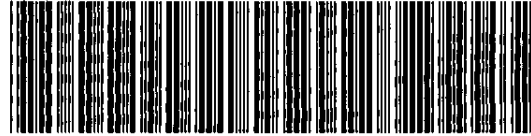
Special Instructions to Filing Officer:

A. LUNT

JUN - 7 2010

EXAMINER

Office Use Only



300207647803

05/18/11--01014--013 **25.00

2011 JUN - 6 AM 8:47
TALLAHASSEE, FL 32310
DEPARTMENT OF STATE

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2011

EVELYN RIVERA
5701 DOGWOOD DR.
ORLANDO, FL 32807

SUBJECT: MIRACLE HYPERBARIC THERAPY CENTER LLC
Ref. Number: L11000038329

We have received your document for MIRACLE HYPERBARIC THERAPY CENTER 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 611A00012582

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIRACLE HYPERBARIC THERAPY CENTER 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:

EVELYN RIVERA
Name of Person
ACCOUNTING CENTER
Firm/Company
5701 DOGWOOD DR
Address
ORLANDO FL 32807
City/State and Zip Code
ACCORL@AOL.COM
E-mail address: (to be used for future annual report notification)

FILED
2011 JUN -6 AM 8:40
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

EVELYN RIVERA at (407) 281-0227
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

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

MIRACLE HYPERBARIC THERAPY CENTER 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 03/30/2011 and assigned Florida document number L11000038329.

This amendment is submitted to amend the following:

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

MIRACLE HYPERBARIC THERAPY CENTER LLC

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)

FILED
2011 JUN -6 AM 8:46
TALLAHASSEE FLA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

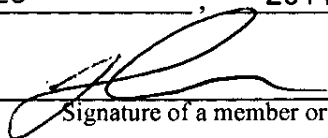
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 JUN - 6
 8:48

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

Dated MAY 25 , 2011



Signature of a member or authorized representative of a member

Heroel Cuervo

Typed or printed name of signee