L05000123456

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ROBINS, KAPLAN, MILLER & CIRESI
Account Number : I20090000063
Phone : (239)430-7070
Fax Number : (239)213-1970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: edone.llc@comcast.net

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TALLAHASSEE, FLORIDA

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05/25/2011 13:05 12399476338 BCC/DECOMI (((H11000139812 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decompression + Spinal Rehabilitation of SWFL, 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:

Ed O'Neill
Name of Person

Decompression + Spinal Rehabilitation of SWFL, LLC,
Firm/Company

16517 Vanderbilt Dr. Ste. 1
Address

Bonita Springs, FL 34134
City/State and Zip Code

edoncilldc@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael V. Volpe at (239) 430-7070
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Decompression & Rehabilitation of Southwest Florida, 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 12/29/2005 and assigned Florida document number L05000123456.

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
11 MAY 25 AM 9:12
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: Michael J. Volpe

New Registered Office Address: 711 Fifth Ave. S. Ste. 201
Enter Florida street address

Naples, Florida 34102
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.

Michael J. Volpe
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGRM	George Ghanem	12090 Metro Parkway Fort Myers, FL 33966	☐ Add ☑ Remove
MGR	George Ghanem	12090 Metro Parkway Fort Myers, FL 33966	☑ Add ☐ Remove
MGR	Timothy Dawson	16517 Vanderbilt Dr. Ste 1 Bonita Springs, FL 34134	☐ Add ☑ Remove
MGRM	Timothy Dawson	16517 Vanderbilt Dr. Ste 1 Bonita Springs, FL 34134	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Daniel Bartley
Signature of a member or authorized representative of a member

Daniel Bartley
Typed or printed name of signee

Filing Fee: $25.00

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