L05000123456

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000140596 3)))

H11000140596 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS
MAY 27 2011
EXAMINER

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

From:
Account Name : ROBINS, KAPLAN, MILLER & CIRESA
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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DECOMPRESSION & REHABILITATION OF SOUTHWEST FLORIDA,

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

RECEIVED
11 MAY 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAY 26 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/26/2011 11:47 239-213-1970 ROBIN (((H11000140596 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decompression & Rehabilitation of Southwest Florida, 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 & Rehabilitation of Southwest Florida, LLC
Firm/Company

16517 Vanderbilt Drive, Suite 1
Address

Bonita Springs, FL 34134
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael J. 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

FILED
11 MAY 26 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H11000140596 3)))

ACC/DRCOMPRESSION #3674 P.004 /004

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 12/29/05 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)

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

City, Florida Zip Code

FILED
11 MAY 26 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	George Ghanem	12090 Metro Parkway Fort Myers, FL 33966	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated May 26, 2011

Signature of a member or authorized representative of a member

Daniel Bathey

Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00