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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Per
Mr. Siering
add as MGRM
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2011 AUG -5 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 8 2011

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:

James H. Siesky

Name of Person

Siesky, Pilon & Potter

Firm/Company

3435 Tenth St. N., Suite 303

Address

Naples, FL 34103

City/State and Zip Code

jsiesky@spplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James H. Siesky

Name of Person

at (239)

263-8282 ext 301

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Page 1 of 2

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:

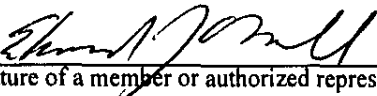
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM Mr.	Timothy Jon Jackoboice	1415 Panther Lane, Ste 313 Naples, FL 34109	<input checked="" 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

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

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Dated August 2, 2011



Signature of a member or authorized representative of a member
Edward O'Neill, Managing Member

Typed or printed name of signee