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SECRETARY OF STATE

FILED

COVER LETTER

Division of Corporations	
SUBJECT: Naples Hyperbaric, 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:	
Joel Macher (Name of Person)	-
(Name of Ferson)	
Naples Hyperbaric, LLC.	
(Firm/Company)	•
3 Crossways Park West	
(Address)	•
Woodbury, NY. 11797	
(City/State and Zip Code)	500 - 50
	ECC SE
For further information concerning this matter, please call:	
Joel Macher at (516,) 364-4440	FILED
Joel Macher at (516) 364-4440 (Area Code & Daytime Telephone Numb	ER D M
. OR	F STAI
Enclosed is a check for the following amount:	39 7F
(additional copy is enclosed) Certifie	ate of Status &

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

Naples Hyperbaric, LLC. (Name of the Limited L (A F	lability Company as it now appears o lorida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liab	pility Company were filed on Octob	per 01, 2007	and assigned
Florida document number <u>L07000097</u>	·		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t		SEC	2008
The new name must be distinguishable and end with "L.L.C."		TARY O ASSEE,	22
B. If amending the registered agent and/or registered agent and/or the new registered office		records-cente STATE CORIDA	w o
Name of New Registered Agent:	Jonathan Rotella		
New Registered Office Address:		/entura Way r Florida street	address)
	Naples (City)	, Florida	34109 (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 of removed from our records:

Title .	<u>Name</u>	Address	Type of Action
MGRM	Keith Greenberg	PO Box 562 Goldens Bridge, NY 10526	Add Remove
MGRM	John Rotella	17201 Collins Ave. Sunnyisles, FL 33160 MGRM	Add Remove
MGRM_	John Rotella	8859 Ventura Way Naples FL, 36109	✓ Add Remove
MGRM_	Joel Macher	3 Crossways Park West Woodbury, NY 11797	✓ Add Remove
MGRM_	Alan Richer	3 Crossways Park West S	Remove
Ple	_ •	nge(s) here: (Attach additional sheets, if necentary) om: PO Box 562 Goldens Bridge, NY 1 dbury, NY 10526	Remove
——————————————————————————————————————	4/17/08	A. L	

Page 2 of 2

Filing Fee: \$25.00