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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

AUG 28 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations				
SUBJECT:	Calusa F	lyperbarics, LLC			
		ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Mark Morrison			
		Name of Person			
	Ca	alusa Hyperbarics, LLC			
		Firm/Company			
	6	900 Congress Avenue			
	· · · · · · · · · · · · · · · · · · ·	Address			
	E	Boca Raton, FL 33487			
1		City/State and Zip Code	•		
	E mail address (narkm@cvcboca.com to be used for future annual report notification		JAI JS	_
For further information	concerning this matter, please	•	nt)		しょうひょう
N	Mark Morrison	at (561) 999-300	00 Ext 3021	RY o	_
Name	of Person	Area Code & Daytime Tel		1 = 1 %	1.00
Enclosed is a check for	the following amount:			2.5	
\$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 a		
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns		

12 MIG 27 PH L: 03

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Calusa Hyperba	arics, LLC		
(<u>Na</u>	me of the Limited Liability Company (A Florida Limited Liab	as it now appears ility Company)	s on our records.)	
The Articles of Organization 1	for this Limited Liability Company we	ere filed on	9/21/2011	and assigned
Florida document number	L11000108294			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liabilit	y company here	2:	
	No Chang	ge		
The new name must be distingu "L.L.C."	ishable and end with the words "Limited	Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	(ST BE A STREET ADDRESS)			三 公 元
	-			1.02 E
				FILE PAR
Enter new mailing address,	if applicable:			SEA - EE
(Mailing address MAY BE A	POST OFFICE BOX)			
				<u> </u>
	ered agent and/or registered offic new registered office address here:	e address on o	ur records, <u>enter</u>	the name of the new
Name of New Regis	stered Agent:			
New Registered Off	ice Address:			
	Enter Florida street address			dress
			, 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

1

<u>Title</u>	Name	Address	Type of Action
MGRM	Diabetic Solutions with Step	6400 Congress Avenue Boca Raton, FL 33487 US	Add _☑ Remove _
			Add Remove
			Add Remove
			Add Remove
			_□Add _□Remove
 			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
			APPROV AND FILEI 12 AUG 27 P SECRETARY O TALLAHASSEE
Dated	August 23 , 2012	2	PH 4: 03 OF STATE OF STATE
-	Signature of a member of	authorized representative of a member	
_	An	drew Turkell	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00