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D. BRUCE

MAR 15 2012

EXAMINER

COVER LETTER

FO: Registration Section For Nivision of Corporations	
SUBJECT: Neopolitan Inpatient care, 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:	
Kristy Balcer Name of Person	
Name of Person	
Neopolitan Inpattent Care, LLC Firm/Company	
6236 Dogwood WAY	
Naples FL 34116 City/State and Zip Code YANKEE KRIS 81@ Yahoo com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KN Sty Baker at @39 \ 273 - 7395 Name of Person Area Code & Daytime Telephone Number	72 E TI
YANKEE KRIS 81@ yahoo.com	= =
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kristy Baker at (239) 273-7395 Prince Area Code & Daytime Telephone Number	n
Name of Person Area Code & Daytime Terephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Status Status Status Status Status Certified Copy (additional copy is enclosed) Status Status Status 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	

Line Angelong Common March 1987 (1987) - March 1997

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neopolitan Inpa	atient care, L	_ C
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records ability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company v	were filed on 2/17/2012	and assigned
Florida document number <u>L1 2000023297</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Neapolitan Inpatient C The new name must be distinguishable and end with the words "Limite	ave, LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A S
(Principal office address MUST BE A STREET ADDRESS)		AA E T
		ASS ASS
		My +
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		RA .
		A CONTRACTOR
B. If amending the registered agent and/or registered offi	ica address on our records on	iter the name of the new
registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida stree.	et address
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	Lip cour
A TOTAL MENT OF MEMBERS OF THE PROPERTY OF THE		

If Changing Registered Agent, Signature of New 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
· · · · · ·			Add		
D. Ifai	mending any other information, enter change	(s) here: (Attach additional sheets if necessar			
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			12 Mar II		
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Dated _	March 12, 201	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	145 145		
Daled _	Vuista B	akh			
		or authorized representative of a member			
		Cev			
	Typed o	r printed name of signee			

Page 2 of 2

Filing Fee: \$25.00