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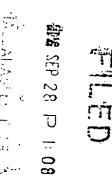
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COVER LETTER

Division of Co	orporations				
US HIPE SUBJECT:	RBARIC NETWORK LLC				
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing			
	oondence concerning this matter	-			
	CLAUDIO MARKOWIC	Z			
		Name of Person		_	
	HIGH PERFORMANCE	CONSULTING GROUP LLC			
		Firm/Company		- ·.	
	4113 SAPPHIRE TERRA	CE		; ت	SEP SEP
		Address		- :	2 g
	WESTON, FL 33331			<u>, </u>	P 28 D
		City/State and Zip Code		_	_
	claudiomarkowicz@gmail.				1: 08
	E-mail address: (to be used for future annual report notifi	ication)	`j©	ولد ؛
For further information	concerning this matter, please c	all:			
Claudio Markowicz		954 600-2761			
Name	of Person	at () Area Code Daytime	Telephone Numbe	:r	•
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)	Certified	ate of St	atus &
MAII	LING ADDRESS:	STRFFT/COURD	er address:		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

US HIPERBARIC NETWORK LLC	name as it now a manage a more	n manuali. V	
(Name of the Limited Liability Com (A Florida Limited	pany as u now appears on ou d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compar- Horida document number $\frac{1.18000220845}{1.18000220845}$.	ny were filed on SEPTEM	BER 17, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
US HYPERBARIC NETWORK LLC			
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u>:</u>	da, arr
Principal office address MUST BE A STREET ADDRESS)			#5 #5
		·+	SEO
			28
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
many marcs mill be in the first of the body		- •	<u> </u>
		,,	<u> </u>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he Name of New Registered Agent:		records, <u>enter t</u>	e name of the
New Registered Office Address:			
	Enter Florida stree	et address	
		. 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = + N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		-	□ Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing. E: If the date inserted in this block does not meet the applicable statutory fament's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605,020 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effectivne 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier ϵ
WILLER 26, 2019	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00