

L110000033915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

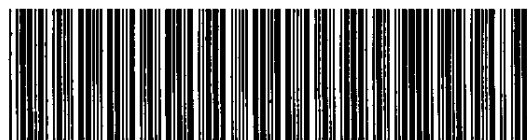
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC - 5 2012

EXAMINER



800242306278

12/04/12--01017--005 **25.00

FILED
12 DEC -4 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCS WEIGHTLOSS SYSTEMS OF DANIEL DAVID'S MED SPA 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:

BARTON S. STROCK, ESQ.

Name of Person

STROCK & COHEN, P.A.

Firm/Company

2900 GLADES CIRCLE STE 750

Address

WESTON FL 33327

City/State and Zip Code

BSTROCK@STROCKLAW.COM

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

For further information concerning this matter, please call:

BARTON S. STROCK

Name of Person

at **954 659-2220**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCS WEIGHTLOSS SYSTEMS OF DANIEL DAVID'S MED SPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 21, 2011 and assigned Florida document number L11000033915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCS WEIGHTLOSS SYSTEMS OF WESTON LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1604-A TOWN CENTER BLVD

WESTON FL 33326

US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

410 SABAL WAY

WESTON FL 33326

US

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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:

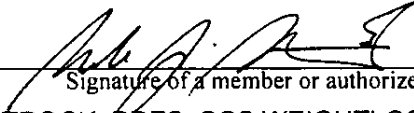
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMB	DANIEL DAVID'S MED SPA LLC	1585 NORTH PARK DR	☐ Add
		WESTON FL 33326	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated **DECEMBER 1**, **2012**.



Signature of a member or authorized representative of a member

SARAH J. STROCK, PRES, SCS WEIGHTLOSS SYSTEMS INC, MANAGING MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00