

6/26/2017

From Larson Accounting 1.321.888.4919 Mon Jun 26 09:41:04 2017 MDI Page 1 of 1
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: support@larsonacc.com

RECEIVED
2017 JUN 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 26 AM 10:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEIGHT AND SHAPE MED CENTER LLC

Certificate of Status	0
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Page Count	06
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K. SALY

JUN 27 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WEIGHT AND SHAPE MED CENTER 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:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

support@larsonacc.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

407 3703686

at ()

Name of Person

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

DocuSign Envelope ID: C7284A41-8F22-4C33-897E-AFAE94F1FA11

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

FILED
2017 JUN 26 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEIGHT AND SHAPE MED CENTER 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 10/22/2014 and assigned Florida document number LI4000164765.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROTONDO, LILIANA	RUA VITOR COSTA 822	<input type="checkbox"/> Add
		APT 181	<input checked="" type="checkbox"/> Remove
		SAO PAULO 04150-060 BR	<input type="checkbox"/> Change
AMBR	PANSERA, GIULIANA	RUA VITOR COSTA 822	<input type="checkbox"/> Add
		APT 181	<input checked="" type="checkbox"/> Remove
		SAO PAULO 04150-060 BR	<input type="checkbox"/> Change
MGR	DE SOUZA, RAFAELLA L	6626 IMPERIAL OAK LN	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for entering information.

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2017 JUN 26 AM 10:39
DEPARTMENT OF REVENUE
MONTGOMERY, ALABAMA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Date: JUNE 23TH, 2017

DocuSigned by:
Liliana Rotondo

Signature of a member or authorized representative of a member

ROTONDO, LILIANA

Typed or printed name of signee