

L16000042377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

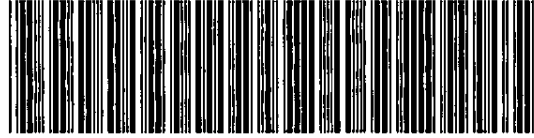
(Business Entity Name)

(Document Number)

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L16-42377
Amend

04/08/16--01005--028 **25.00

FILED
16 APR -8 PM 3:02
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APR 13 2016

N. CAUSSEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKINNY CLINIC WEIGHT LOSS & ANTI-AGING MEDICINE 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:

FRANCIS A CABAN

Name of Person

SKINNY CLINIC WEIGHT LOSS & ANTI-AGING MEDICINE LLC

Firm/Company

107 MARGARET ST

Address

BRANDON FL 33511

City/State and Zip Code

Forban PMSN.COM
CABANFINANCE@GMAIL.COM

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

For further information concerning this matter, please call:

FRANCIS A CABAN

813 482-7840

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

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

SKINNY CLINIC WEIGHT LOSS & ANTI-AGING MEDICINE LLC

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

FILED
19 APR - 8 PM 3:02
CLERK OF SUPERIOR COURT
STATE OF FLORIDA
BRANDON

The Articles of Organization for this Limited Liability Company were filed on 02/29/2016 and assigned
Florida document number L16000042377

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

107 MARGARET ST

(Principal office address MUST BE A STREET ADDRESS)

BRANDON FL 33511

Enter new mailing address, if applicable:

107 MARGARET ST

(Mailing address MAY BE A POST OFFICE BOX)

BRANDON FL 33511

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

_____, **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 = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANCIS A CABAN	107 MARGARET ST	<input type="checkbox"/> Add
		BRANDON FL 33511	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 APR - 8 PM 302
 DEPT. OF FLORIDA
 STATE
 TALLAHASSEE, FLORIDA

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

NEW ADDRESS

Multiple horizontal lines for entering a new address.

FILED
16 APR -8 PM 3:02
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

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.

Dated APRIL 5, 2016

Signature of a member or authorized representative of a member

FRANCIS A CABAN

Typed or printed name of signee