

# L04000071902

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

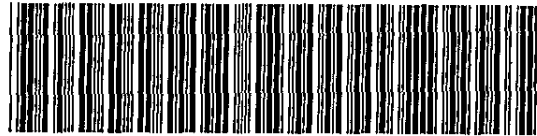
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Institute of Bariatric 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:

Michael M. Holloway  
(Name of Person)

Institute of Bariatric medicine LLC  
(Firm/Company)

2139 B-1  
~~2139 B-1~~ NE 2nd St  
(Address)

Ocala FL 34470  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MARNA Holloway at (352) 427-9644  
(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)

+ 25.00

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

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

Institute of Bariatric Medicine, LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 10-5-04 and assigned document number 204000071902.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

NAME Change  
Address Change  
New Agent

Institute of Bariatric medicine management Group, LLC

New Name ↑

New Address → 2139 B-1 NE 2ND  
OCOLA FL 34470

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Dated 3-11, 2005.



Signature of a member or authorized representative of a member

Michael M. Hollan

Typed or printed name of signee

Filing Fee: \$25.00