

L05000076407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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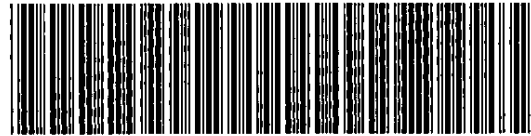
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP - 2 AM 11:49

T. HAMPTON
SEP - 3 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEEKEND PLEASURES, 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:

RICHARD STEINFELD

Name of Person

WEEKEND PLEASURES, LLC

Firm/Company

1255 36TH ST., SUITE #100

Address

VERO BEACH, FL 32960

City/State and Zip Code

rsteinfell@orthosurgery.com

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

For further information concerning this matter, please call:

RICHARD STEINFELD

Name of Person

at (774) 775-2009

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☒ \$5.00 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**

WORKAND PROGRESS, 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 8/8/2005 and assigned
Florida document number 205000076407.

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18 SEP - 2 AM 11:48

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 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)

1285 JKTH ST.
SUITE #100
VERO BEACH, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1285 JKTH ST.
SUITE #100
VERO BEACH, FL 32960

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:

RICHARD STEINFELD

New Registered Office Address:

1285 JKTH ST., SUITE #100

Enter Florida street address

VERO BEACH

Florida

32960

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.

Richard Steinfeld

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

Title	Name	Address	Type of Action
MGRM	SEAN E STEINBERG	1012 LINDHAM MOBILE TRAIL VADO BEACH, FL 32563	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RICHARD STEINBERG	1215 36TH ST. SEATTLE, WA 98101 VADO BEACH, FL 32560	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

10 SEP - 2 AM 11:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated _____

Signature of a member or authorized representative of a member

SEAN STEINBERG / RICHARD STEINBERG

Typed or printed name of signee