## 105000079081

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SECRETARY OF STATE

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## COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: The V	Veight Management Clinic	c, LLC	
	(Name of Lin	nited Liability Company)	······································
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Michelle Simon		
		(Name of Person)	章名 <b>姜</b>
	Beauty of Healthy Li		08 MAR 26 MII: 11 SECTED ASSET FLORID TALLAMASSEE FLORID
		(Firm/Company)	955 E
	19707 Turnberry Wa	y, Tower Suite 4	FLOT ST
		(Address)	
	Aventura, Florida 33	180	,
		(City/State and Zip Code)	
For further information	on concerning this matter, please of	call:	
Michelle Simon		at ( 305 ) 761-3738	
(Na	me of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or 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 Fec, 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

The Weight Management Clinic,	LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now ap da Limited Liability Compa	iny)	
The Articles of Organization for this Limited Liability	y Company were filed on	08/10/2005	and assigned
Florida document number <u>L05000079081</u>			
This amendment is submitted to amend the following	:		and assigned OF STATE FLOW
A. If amending name, enter the new name of the l	imited liability company	<u>/ here</u> :	FLORE
Beauty of Healthy Living, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		on our records, <u>ente</u>	r the name of the new
	1		
Name of New Registered Agent:			
New Registered Office Address:			
		(Enter Florida street	address)
		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered age the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	and complete performa l agent as provided for i ered office address, I he	ince of my duties, and in Chapter 608, F.S. C	I am familiar with and Dr, if this document is
	Af Changing Registere	d 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove 8 AAR 26 Remove CF ST
			Add Remove
<del></del>			AddRemove
			AddRemove
D. If ame	ending any other information.	enter change(s) here: (Attach additional sheets	, if necessary.)
_			
-			
Dated	Narch 25	, 2008 .	
	Michelle Simon	e of a member of authorized representative of a mem	ber
		Typed or printed name of signee	

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Filing Fee: \$25.00