

LD6000011430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

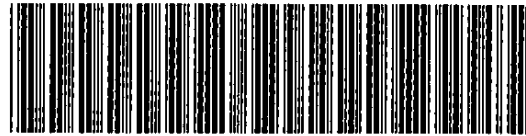
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Amend/Name Change

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07/20/06--01021--003 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 20 AM 10:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Medi Kennedy, 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:

Tom Willett

(Name of Person)

MediWeight Loss Clinics Kennedy, LLC

(Firm/Company)

100 W. Kennedy Blvd, Suite 650

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Willett

(Name of Person)

at

(813) 229-0600

(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

Medi Kennedy, LLC

(Present Name)

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 7-10-2006 and assigned
document number LO6000011430.

SECOND: This amendment is submitted to amend the following:

Please make a name change to:

Medi Weight Loss Clinics Kennedy, LLC

06 JUL 20 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 7-17, 2006.

Jan Edlund

Signature of a member or authorized representative of a member

JAMES EDLUND

Typed or printed name of signee

Filing Fee: \$25.00