

LD6000011430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

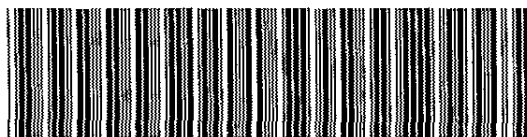
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DIVISION OF REVENUE  
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*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medi-Weight Loss Clinics 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:

1. Thomas Willett
2. Rolando Sanchez, M.D.  
(Name of Person)

Medi-Weight Loss Clinics Kennedy, LLC  
(Firm/Company)

4039 W. Kennedy Blvd.  
(Address)

Tampa, FL 33609  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Sue Raymer at (813) 228-6334  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
\$50.00

☐ \$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 Weight Loss Clinics Kennedy, LLC  
(Present Name)  
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on \_\_\_\_\_ and assigned  
document number 206000011430

SECOND: This amendment is submitted to amend the following:

Please ADD two Managing members,  
Thomas Willett  
Rolando Sanchez, M.D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9-25-, 2006.

Edward Kaloust M.D. Member  
Signature of a member or authorized representative of a member  
EDWARD KALOUST  
Typed or printed name of signee

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