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## **COVER LETTER**

TO: **Registration Section Division of Corporations** LOSS CliNICS PINELLAS, LLC me of Limited Liability Company) Medi-Weig SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Blackshear, M.D. Medi-Weight Loss Clinics PinellAS, LLC Fourth Street North Suite B PRS burg 33702 -2 For further information concerning this matter, please call: <u>KAVMER</u> at ( ... Code & Davtime Telephone Number) ປັ ເມ

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

JiNics PINellAS, LLC Medi-Weight A (Present Name) (A Florida Limited Liability Company)

20, 2006 and assigned The Articles of Organization were filed on \_\_\_\_\_\_ document number \_\_\_\_\_\_\_\_ FIRST:

SECOND: This amendment is submitted to amend the following:

Please ADDA MANAGING Member, William Blackshear, M.D.

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pril 24 , 2006 Dated

Edward Kalows - MANAging Member Signature of a member or authorized representative of a schember Edward Kalowst MANAging Member Typed or printed name of signee

Filing Fee: \$25.00