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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: MEDI Weight 1038 Clivics Pensacola I LLC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	-
Sue RAYMER (Name of Person)	. Añ
MEDI Weight loss Clinics LLC (Firm/Company)	
777 S. HARBOUR ISLAND BIVD #130 B	77
7AMDA, FL 33602 SEZ TO	
(City/State and Zip Code)	
For further information concerning this matter, please call:	U
Sue Raymer at (8/3) 238-6334 (Name of Person) (Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\frac{\text{Solon Filing Fee & Certificate of Status}}{\text{Certificate of Status}}\$\$ \$55.00 Filing Fee \$\text{Certificate of Status}\$\$ \$\text{Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)}}\$\$	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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

MEDT Weightloss Clivics Pensacola 1 LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on $10-05-2006$ and associated number 406000097431 .	signed				
SECOND:	This amendment is submitted to amend the following: MEDI Weightloss Clinics Pensaco	/A J	T LL	C		
	alsoadi: MGRM JAMES EDIUND	····				
		SECRE TALLAH	200b NO	TI		•••
		ARY OF STATE	1 3 7 2 0		-3 ~	
Dated	11-1 . 2006 .	- 3	<u> </u>	• ·		
	mitchen	is.	·			
,	Signature of a member or authorized representative of a member LONNETH MITCHEZ — Typed or printed name of signee			·	-	

Filing Fee: \$25.00