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DIVISION OF CHEWALTION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAPID WEIGHT LOSS, L.L.C. (Name of Limited Liability Company)
(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:
RICHARD OR GAIL JACHIMEK (Name of Person)
MEDICAL WETGHT LOSS, L.L.C. (REVISED NAME) (Firm/Company)
5111 EHALICH ROAD /SUITE 128 (Address)
THMPA, FLOR 10A 33624 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

	RAPIO WEIGHT LOSS, L.L.C. (Present Name)		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on MAY 29, 2007 and assigned document number L07000056200.		
SECOND:	This amendment is submitted to amend the following:		
	NAME CHANGE FROM:	i	
	RAPID WEIGHT LOSS, L.L.C. (OLD NAME)		
	<i>To</i>		,
->	MEDICAL WEIGHT LOSS, L.L.C. (NOW/REVISE.	D N	AME)
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Dated	EPTHMBER 1, 2007.	07 SEP 24 P	N OF OUR SELECTION OF COLUMN SELECTION OF COLU
	71010 1	PM 2: 17	
	Signature of a member or authorized representative of a member	_	Z.
	RICHARD H. JACHIMOK Typed or printed name of signee		