

L07000056200

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
OCT 24 2016

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: MEDICAL WEIGHT LOSS, L.L.C.

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 H. JACHIMEK

Name of Person

MEDICAL WEIGHT LOSS, LLC

Firm/Company

5111 EHRLICH ROAD / SUITE 128

Address

TAMPA, FLORIDA 33624

City/State and Zip Code

RJACHIMEK@TAMPABAY.FL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD JACHIMEK

813

961-9415

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEDICAL WEIGHT LOSS, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/29/2007 and assigned
Florida document number L07000056200

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICHARD H. JACHIMEK	5111 EHRLICH ROAD	<input type="checkbox"/> Add
		SUITE 128	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33624	<input type="checkbox"/> Change
MGR	GAIL A. JACHIMEK	5111 EHRLICH ROAD	<input type="checkbox"/> Add
		SUITE 128	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33624	<input type="checkbox"/> Change
AMBR/ MGR	RICHARD H. JACHIMEK AND GAIL A.C. JACHIMEK LIVING TRUST	4409 KETTLE CREEK COURT	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33624	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENJAMIN A. JACHIMEK	4409 KETTLE CREEK COURT	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33624	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHELLI M. ADAM	4741 COUNTRY OAKS BLVD.	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34243	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	SHELLI M. ADAM		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has some minor scanning artifacts, such as small dark specks and faint smudges, particularly near the top and bottom edges. The overall appearance is that of a clean, unused piece of stationery.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 18 2016

Signature of a member or authorized representative of a member

RICHARD H. JACHIMEK
Typed or printed name of signer

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16
CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA