

LO7000082600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

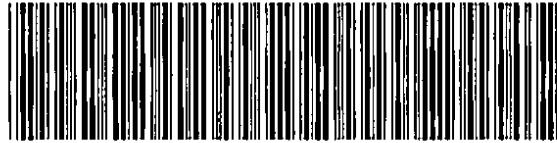
(Business Entity Name)

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11/20/20

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **WEIGHT SUCCESS CENTERS, 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:

WILFRED AGUILA

Name of Person

WEIGHT SUCCESS CENTERS, LLC

Firm/Company

8561 W. LINEBAUGH AVENUE

Address

TAMPA, FLORIDA 33625

City/State and Zip Code

RUBIO04@COMCAST.NET

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

For further information concerning this matter, please call:

WILFRED AGUILA

Name of Person

813 454-5354

at (_____) _____

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	SADIE AGUILA	8561 W. LINEBAUGH AVENUE	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDUARDO RUBIO	2695 S. LE JEUNE AVENUE, SUITE 300	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BALBINO VASQUEZ	2695 S. LE JEUNE ROAD, SUITE 300	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

Dated OCTOBER 12 2020

WILFRED AGUILA
Typed or printed name of signer

Filing Fee: \$25.00