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(Requestor's Name)	
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· (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
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9 SEP 30 AM ID: 06

SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO:

TO:	Registration S Division of Co			,			
SUBJECT: REJUVENATION WEIGHTLOSS CENTER, LLC							
SCECE	Name of Limited Liability Company						
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	condence concerning this matter	to the following:				
RA		RA	UL SOCARRAS, ESQ.				
			Name of Person				
R		RA	AUL SOCARRAS, P.A.				
			Firm/Company				
37		370	08 S. CONWAY ROAD				
Address							
	ORLANDO, FL 32812						
			City/State and Zip Code				
	drgreenmedispa@bellsouth.net						
		E-mail address: (to be used for future annual report not	ification)			
For fur	ther information	concerning this matter, please c	all:				
	RAUL S	SOCARRAS, ESQ.	at (_407_)	514-0180			
	Name	of Person	Area Code & Dayti	me Telephone Number			
Enclose	ed 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle			

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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

FILED 09 SEP 30 AM 10: 06 REJUVENATION WEIGHTLOSS CENTER, LECLAHASSEE, FLORIDA

(A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability Company were filed Florida document numberL0800001382	d on 01/04/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ity Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ess on our records, <u>enter t</u>	he name of the new

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

New Registered Office Address:

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Allison L. Haughton-Green	12780 Waterford Lakes Parkway Suite 100 Orlando, FL 32828	Add ✓ Remove
<u>MGRM</u>	ALLISON L. HAUGHTON	12780 Waterford Lakes Parkway Suite 100 Orlando, FL 32828	Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend 	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	·
			FILI 09 SEP 30 SECRETARY TALLAHASSE
Dated	September 28, 2	003.	AMID: 06 OF STATE E. FLORIDA
	Signature of a member	·	
		IGHTON, MANAGING MEMBER d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00