# 108000091569

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# **COVER LETTER**

	ion Section
SUBJECT:	Sun Coast Bariatrics LLC Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Tiffany Jessee Wylie Name of Person
	Firm/Company
	7550 1284h Street
	Seminole FL 33776  City/State and Zip Code  Lapueightlossdrayahoo.com  E-mail address: (to be used for future annual report motification)
For further informa	ation concerning this matter, please call:
Tiffan	Jessee Wyle at (727) 692-9698 Area Code Daytime Telephone Number 35 5
Enclosed is a check	k for the following amount:  Fee  \$\Bigsquare{1}\$ \$30.00 Filing Fee &  \$\Bigsquare{1}\$\$ \$55.00 Filing Fee &  \$\Bigsquare{1}\$\$ \$60.00 Filing Fee &  \$\Bigsquare{1}\$\$ \$Certificate of Status &  \$Certifica

## 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

Suncoast Bo (Name of the Limited Liability Com	pany as it now appears on our records.)
(A riorida Limite	a Clability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on9-26-08 and assigned
Florida document number <u>L 080000 91569</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
TIFFANY JESSEE, D.O. The new name must be distinguishable and contain the words "Limited Lie	
Enter new principal offices address, if applicable:	7550 128th Str
(Principal office address MUST BE A STREET ADDRESS)	7550 128th Str Seminole, FL 33776
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7550 128th St. # Sem: Nole F1.33776
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> <u>ere</u> :
Name of New Registered Agent:	VH Sys
New Registered Office Address:	Enter Florida street address
	SA CO
	City Florida The Zip Care
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is
Īf C	hanging 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>	Name	Address	Type of Action
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		<u></u>	☐ Change
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			Change
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			Change
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			☐ Change
			Add
		·	Remove
			Change

it wille.	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an eff <u>Note:</u>	ive date, if other than the date of filing:	207 - Las (
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	· of
Dated	July 30 . 2018.	
	1 dessel Wylio	
	Signature of a prember or authorized representative of a member	
	Tiffany Jessee Wylie	
	Typed or printed name of signee	

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Filing Fee: \$25.00