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B. BOSTICK
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo	ion prations				
SUBJECT: Univ	versity Wellness ar	nd Weight Loss Centers, I	LC.		
		ted Liability Company	* 		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
		Brenda J. Schiff			
		Name of reison			
		Firm/Company			
3205 Hunter Road			<u> </u>		
		Address	L A H	1 APR	enegr.
	Weston, FL 33331-3033 City/State and Zip Code			<u> </u>	Christian Euristen
	b	renjs@bellsouth.net	f7 ₁ (x),	5. R	
	E-mail address: (t	to be used for future annual report notification	on) [0]	5 F 5	Year
For further information con	cerning this matter, please c	all:	ĺΰΑ	n <u>-</u>	
Brer Name of P	nda Schiff erson	at (954) 803 Area Code & Daytime Tel	2-2000 lephone Number		
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	sed)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

University Wellne	ess and Weight Loss	Centers, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appride Limited Liability Compan	oears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number L0900001390		February 10, 2009	and assigned	
Florida document number	<u> </u>			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Con	mpany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	: 			
(Principal office address MUST BE A STREET A	DDRESS)	12		
	· · · · · · · · · · · · · · · · · · ·	; <2; [77] 28]		
		Ss		
Enter new mailing address, if applicable:		17.		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	7_02		
	<u></u>	. DA	F1	
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Odessey Holdings, L	LC 3205 Hunter Road Weston, FL 33331	Add Remove
•••••			Add Remove
	**************************************		Add Remove
			Demove
			Add Remove
			Add Remove
D. If ame	ending any other information, o	enter change(s) here: (Attach additional sheets,	E.
-			TAPR 28 PH
 Dated	April 22	ୁ, <u> </u>	Us: 51
	Signature	of a member or authorized representative of a memb	per
	Barn	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00