

LO9000101492

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(Address)

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(City/State/Zip/Phone #)

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JUN 30 2010

EXAMINER



400182303634

06/28/10--01012--016 \*\*25.00

FILED

10 JUN 28 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Leininger Law Firm, P.A.**  
**114 Palmetto Street, Suite 8**  
**Destin, Florida 32541**  
***www.leiningerlawfirm.com***

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**Michael R. Leininger**  
**Attorney and Counselor at Law**

**Telephone: (850) 650-9916**  
**Facsimile: (850) 650-9963**

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June 24, 2010

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Amendment to Articles of Organization of, A NEW YOU OF THE  
EMERALD COAST, LLC, a Florida limited liability company

Dear Sir or Madam:

Please find the enclosed Amendment to the Articles of Organization for A NEW YOU OF THE EMERALD COAST, LLC. I respectfully request that you forward these documents to the appropriate department for timely filing and processing.

I have also enclosed funds in the amount of Twenty Five and 00/100 Dollars (\$25.00) to cover the cost of the filing fees.

If there are any issues, questions or concerns relating to this request or any deficiencies contained herein, please feel free to contact me via the office information listed above in order to discuss the same.

Thank you in advance for your professional courtesy and immediate assistance in this regard.

Sincerely,



Michael R. Leininger

MRL/ist  
Enclosures  
cc: A New You of the Emerald Coast, LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A NEW YOU OF THE EMERALD COAST, 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:

MICHAEL R. LEININGER

Name of Person

LEININGER LAW FIRM, P.A.

Firm/Company

114 PALMETTO STREET, SUITE 8

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

MICHAEL@LEININGERLAWFIRM.COM

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

For further information concerning this matter, please call:

MICHAEL R. LEININGER

Name of Person

at ( 850 )

650-9916

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**A NEW YON OF THE EMERALD COAST, LLC**  
(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 OCTOBER 21, 2009 and assigned  
Florida document number L09000101492.

This amendment is submitted to amend the following:

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

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

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address.*

City

Florida

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PHILLIP E. WEISS	2287 HARLAN AVENUE FT. WALTON BEACH, FLORIDA 32547	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated June 24, 2010

Raymond A Weiss

Signature of a member or authorized representative of a member

RAYMOND A. WEISS, MANAGING MEMBER

Typed or printed name of signee