## L09000110795

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S. HAWKES

AUG 1 6 2010

**EXAMINER** 

## **COVER LETTER**

TO: Régistration Section
Division of Corporations

SUBJECT: SCS PHYSICIANS WEIGHTLOSS SYSTEM OF SOUTHWEST BROWARD, LLC.

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.			
lease return all correspondence concerning this matter to the following:			
BARTON S. STROCK, ESQ.			
Name of Person			
STROCK & COHEN, P.A.			
Firm/Company			
2900 GLADES CIRCLE SUITE 750			
Address			
WESTON FL 33327			
City/State and Zip Code			
SARAH@SCSWEIGHTLOSS.COM			
E-mail address: (to be used for future annual report notification)			
or further information concerning this matter, please call:			
BARTON S STROCK at ( 954 ) 659-2220			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \tag{S55.00 Filing Fee \tag{S60.00 Filing Fee,}}\$\$  Certificate of Status \$\ \text{Certified Copy}\$\$  (additional copy is enclosed)  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

## SCS PHYSICIANS WEIGHTLOSS SYSTEM OF SOUTHWEST BROWARD, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

11/18/2009 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000110795 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SCS WEIGHTLOSS SYSTEM OF SOUTHWEST BROWARD, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "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) 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

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 **Title** <u>Name</u> **Address Type of Action** SCS WEIGHTLOSS SYSTEM, INC. **MGRM** ✓ Add Remove SCS PHYSICIANS WEIGHTLOSS SYSTEM, INC. MGRM 410 SABAL WAY ☐ Add ∐Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JULY 3 2010 Dated \_\_\_\_ Signature of a member or authorized representative of a member SCS WEIGHTLOSS SYSTEM INC BY SARAH STROCK, PRES Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00