

L1100000/5829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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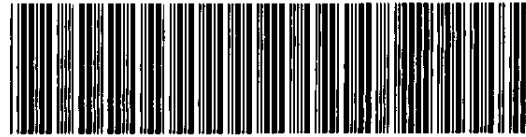
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/11--01020--008 **30.00

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11 SEP 29 AM 10:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 30 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: My HCG Program, 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:

Gary Levine

Name of Person

My HCG Program, LLC

Firm/Company

801 S Federal Hwy

Address

Hollywood, FL 33020

City/State and Zip Code

77gary77@gmail.com

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

For further information concerning this matter, please call:

Gary Levine

Name of Person

at (305)

300-3733

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

FILED
11 SEP 29 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

My HCG Program, 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 Feb. 7, 2011 and assigned Florida document number L11000015829.

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)

Gary Levine

801 S Federal Hwy

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

My HCG Program, LLC

801 S Federal Hwy

Hollywood, FL 33020

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CLERK 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:

Gary Levine

New Registered Office Address:

801 S Federal Hwy

Enter Florida street address

Hollywood

Florida

33020

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.

 (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:

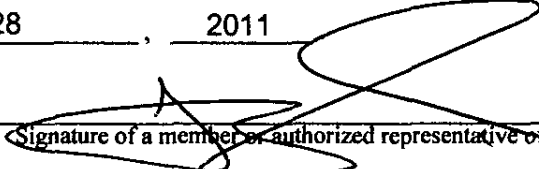
MGR ⁵² = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gary Levine	801 S Federal Hwy Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Steven Coleman	622 E Hallandale Beach Blvd Hallandale Beach, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gary Levine	622 E Hallandale Beach Blvd Hallandale Beach, FL 33009	<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

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

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11 SEP 29 AM 10 58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated September 28, 2011



Signature of a member or authorized representative of a member
Gary Levine

Typed or printed name of signee