

L110000015829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

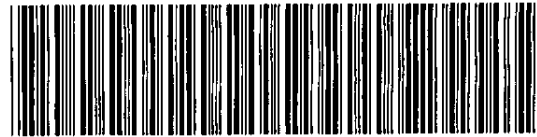
(Document Number)

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MASSACHUSETTS
SECRETARY OF STATE

2013 MAR -3 AM 9:12

FILED

J. SAULSBERRY
EXAMINER

MAR 6 2013

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

Firm/Company

801 S Federal Highway

Address

Hollywood FL 33020

City/State and Zip Code

77gary77@gmail.com

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

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FILED
TALLAHASSEE, FL 32301
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Gary Levine

Name of Person

at (305) 3003733

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**

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 February 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:

BODYOLOGY HCG HRT PRP & Aesthetics Hollywood MedSpa, LLC

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)

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.

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	Gary Levine	801 S Federal Hwy	<input checked="" type="checkbox"/> Add
		Hollywood FL 33020	<input type="checkbox"/> Remove
MGRM	Steven Coleman	622 Hallandale Beach Blvd	<input type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Remove
MGR	Gary Levine	622 Hallandale Beach Blvd	<input type="checkbox"/> Add
		Hallandale Beach FL 3309	<input checked="" type="checkbox"/> Remove
MGR	Richard U Young	801 S Federal Hwy	<input checked="" type="checkbox"/> Add
		Hollywood FL 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
STATE OF FLORIDA
HALLANDALE BEACH, FLORIDA

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

Dated _____, _____.

Gary Levine

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FL 32301