

LI 000024043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

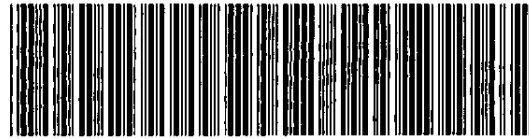
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/30/11--01016--015 **35.00

FILED
2011 APR 11 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 12 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2011

LEE WEISS
7890 PETERS ROAD, G109
PLANTATION, FL 33324

SUBJECT: CENTERS FOR BODY CONTOURING LLC
Ref. Number: L11000024043

We have received your document for CENTERS FOR BODY CONTOURING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 011A000077

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centers For Body Contouring 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:

Tim Reed
Name of Person
Centers For Body Enhancement LLC.
Firm/Company
7890 Peters Rd 6-109
Address
Plantation FL 33324
City/State and Zip Code
tim@beforevertain.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Reed at 954 577 7772
Name of Person 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)

*Already Submitted check
(see Attached)*

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
2011 APR 11 AM 9:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Centers For Body Contouring 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 2/24/11 and assigned
Florida document number L1100 0024043

This amendment is submitted to amend the following:

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

Centers For Body Enhancement, 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)

7890 Peters Rd

Suite G-109

Plantation, FL 33324

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

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, 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	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

FILED
2011 APR 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

April 7, 2011



Signature of a member or authorized representative of a member

Tim Reed

Typed or printed name of signee