

L11000100359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

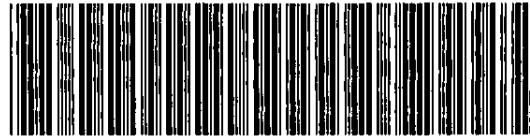
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 23 2012

EXAMINER

October 17, 2012

Simplements, LLC
c/o Dr. Bart Gershenbaum
2334 Weston Road, #218
Weston, FL 33326

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

RE: Simplements, LLC
FL Document #:L11000100359

Dear Sirs:

Attached find Articles of Amendment to the Articles of Organization of Simplements, LLC and a \$25 filing fee. Please issue me a letter of acknowledgement once the amendment has been filed. My mailing address and daytime phone number are:

Simplements, LLC
c/o Dr. Bart Gershenbaum
2334 Weston Road, #218
Weston, FL 33326

Phone: 954-444-4545

Thank you for your assistance in this matter.

Sincerely,

Bart Gershenbaum

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLIMPLEMENTS, 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:

Bart Gershenbaum
Name of Person

SLIMPLEMENTS, LLC
Firm/Company

2334 Weston Rd. #218
Address

Weston, FL 33326
City/State and Zip Code

erdoc3@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Bart Gershenbaum at (**954**) **444-4545**
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)

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

SLIMPLEMENTS, 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 08/31/2011 and assigned
Florida document number L11000100359.

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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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: Bart Gershenbaum

New Registered Office Address: 2334 Weston Rd. #218

Enter Florida street address

Weston, Florida 33326

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

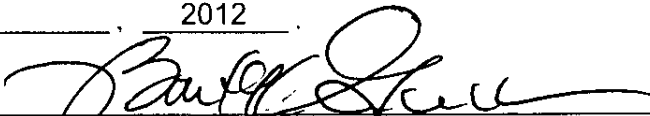
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HCG Waist Management LLC	7740 Nova Dr. Suite B-4 Davie, FL 33326	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bart Gershenbaum	2334 Weston Rd. #218 Weston, FL 33326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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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TALLAHASSEE, FLORIDA

FILED

Dated October 09, 2012


Signature of a member or authorized representative of a member

Bart Gershenbaum
Typed or printed name of signee