

211000132102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

NOV 28 2012

**EXAMINER**

Office Use Only



700241956807

11/26/12--01007--021 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 NOV 26 PM 4:28

FILED



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **MEN'S HEALTH CENTER FLORIDA, 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:

**Amy Griswold**

Name of Person

**MEN'S HEALTH CENTER FLORIDA, LLC**

Firm/Company

**6251 PARK BLVD N**

Address

**PINELLAS PARK, FL. 33781**

City/State and Zip Code

**agrismd@aol.com**

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

For further information concerning this matter, please call:

**Paul Sloan**

Name of Person

at **941 302-2575**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2812 MAY 26 PM 4:28

FILED



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

**MEN'S HEALTH CENTER FLORIDA, 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 11/18/2011 and assigned  
Florida document number L11000132102.

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)**

6251 PARK BLVD N #1

Suite #1

PINELLAS PARK FL 33781

FILED  
2012 MAR 28 PM 4:28  
CLERK OF DISTRICT COURT  
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: Amy A Griswold

New Registered Office Address: 6251 PARK BLVD N. #1

*Enter Florida street address*

PINELLAS PARK, Florida 33781

*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.*

*Amy A Griswold*  
**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>
MGR	Amy A Griswold	6251 PARK BLVD N.	<input checked="" type="checkbox"/> Add
		Suite #1	<input type="checkbox"/> Remove
		PINELLAS PARK FL 33781	
			<input type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2012 MAR 20 PM 4:20  
 CLERK OF DISTRICT COURT  
 TALLAHASSEE, FLORIDA



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

---

---

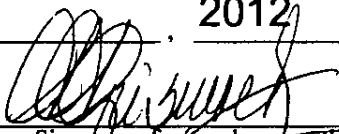
---

---

---

Dated 11/19

2012



Signature of a member or authorized representative of a member

Amy A Griswold

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 NOV 26 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED