# 212800008903

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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D. BRUCE

# **COVER LETTER**

TO: Registration Sec Division of Corp				**	
SUBJECT:	Diet and W Name of Lim	Light 1055 (In ited Liability Company	ters, LIC		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Jus	ha DalMolin Name of Person			
	Diet and	Weight LOSS (	Centers, LLC		
		ga Blvd. Suit			
	-	1	5: CoM- report notification)	2014 HA)	CETTE TO SE
For further information co	ncerning this matter, please co		report notification)		daman daman
Justin Da Name of	LMolin Person	at ( <u>305</u> ) Area Code	915 - U203 Daytime Telephone Number	PM 1:37	Target No.
Enclosed is a check for the	e following amount:			••	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate (Certified (	e of Status &	

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

Diet an	d Weight	loss Centers, LIC		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number <u>L 12000008</u>	Liability Company	were filed on	and ass	igned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
Thin Work	s Centers,	LLC		
The new name must be distinguishable and end with th	e words "Limited Lial	bility Company," the designation "LLC" or th	e abbreviation "I	L.C."
Enter new principal offices address, if appli	icable:	NA		
(Principal office address MUST BE A STRE		7		
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICI	E ROX)			
Trusing manifes NATE BETT FOR CT 1102	7 <u>DOM</u>			
B. If amending the registered agent and	d/or registered o	office address on our records, ente	er the name	of the r
registered agent and/or the new registered	office address her	<u>re</u> :		
	1			
Name of New Registered Agent:	<u> </u>		٠٠٠٠ ڪ	<del></del>
New Registered Office Address:	NIA	•		est(m)
THE WITTERSON OF THE PROGRESS.		Enter Florida street address	arin 🚉	FR Zelekskara
		, Florida	55 N/p-	ginar.
		City	Zip Code	چرنانتن ا نا ا
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	52 <del>-</del>	e4Fiang
I hereby accept the appointment as register	red avent and av	ree to act in this capacity. I further a	geree to com	्रास्त्रस्य plv with :
provisions of all statutes relative to the pro				

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA		_ □ Add
		· .	Remove
			□ Add
			□ Remove
	·		□ Add
			Remove
	·		□ Add
			□ Remove
· · · · · · ·			Add P Remove 3
<del></del>			□ Add

	ate, if other than the date of filing: (optional)
effective effective	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
date this	document is filed by the Florida Department of State)
date this	document is filed by the Florida Department of State)
date this	April 29 - 2014
date this	April 29 , 2014

Page 3 of 3

Filing Fee: \$25.00

