

L128000008903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

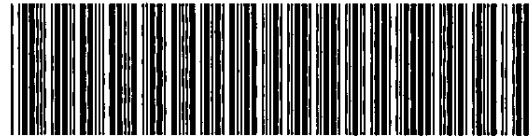
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700259531117

05/01/14--01010--011 **25.00

FILED

2014 MAY -1 PM 1:37

CLERK OF STATE
111 QUINCY STREET
TALLAHASSEE, FL 32301

MAY 07 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diet and Weight Loss Centers, 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:

Justin Dalmolin
Name of Person

Diet and Weight Loss Centers, LLC
Firm/Company

5080 Pga Blvd. Suite 217
Address

Palm Beach Gardens, FL 33418
City/State and Zip Code

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

For further information concerning this matter, please call:

Justin Dalmolin at (305) 975-6203
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 MAY - 1 PM 1:37
TALLAHASSEE, FLORIDA
CLERK OF STATE

Diet and Weight Loss Centers, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

☐ Remove
2014 MAY -1 PM 1:37
☒ Add
☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 29, 2014

Signature of a member or authorized representative of a member

Justin DalMolin, MGRM
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 MAY -1 PM 1:37
CLERK OF STATE
TALLAHASSEE FLORIDA