

L 13000037635

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13 JUL 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 24 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Medical Weight Loss 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:

Katherine Bleier

Name of Person

US Realty Holdings LLC

Firm/Company

382 NE 191st Street NUM 61924

Address

Miami, FL 33179

City/State and Zip Code

jimbleier@gmail.com

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

For further information concerning this matter, please call:

Jim Bleier

Name of Person

at (**317**) **339-7000**

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**

Advanced Medical Weight Loss LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/12/2013 and assigned
Florida document number ~~300245615963~~ *L13000037635

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)

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

MGR = Manager
MGRM = Managing Member

<u>MGRM</u>	<u>US Realty Holdings LLC</u>	<u>382 NE 191st Street NUM 61924</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33179</u>	<input type="checkbox"/> Remove

MGR Simpson Chiropractic Pain & Wellness Center PA 104 SE Lonita Street ☒ Add
Stuart, FL 34994 ☐ Remove

MGRM Katherine Bleier 382 NE 191st Street NU 61924 ☐ Add
Miami, FL 33179 ☒ Remove

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Add
 _____ ☐ Remove

Career satisfaction

~~CAS Real Estate~~
~~Holdings~~

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

Dated _____, _____.

Katherine C. Bleier

Signature of a member or authorized representative of a member

Katherine Bleier

Typed or printed name of signee

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Filing Fee: \$25.00