

L130000664854

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

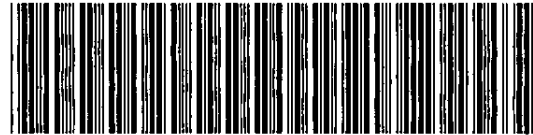
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE FLORIDA

DEC 16 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2013

JUSTIN DALMOLIN  
2513 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

SUBJECT: DIET & WEIGHT LOSS CENTERS OF BOCA RATON, LLC  
Ref. Number: L13000064854

We have received your document for DIET & WEIGHT LOSS CENTERS OF BOCA RATON, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records already have this company's name as: DIET & WEIGHT LOSS CENTERS OF BOCA RATON, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 213A00027557

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TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: DWLC Supply Systems, 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

DWLC Supply Systems, LLC  
Firm/Company

2513 Burns Road  
Address

Palm Beach Gardens, FL 33410  
City/State and Zip Code

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

For further information concerning this matter, please call:

Justin Dalmolin  
Name of Person

at (305) 975-6203  
Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Diet & Weight Loss Centers of Boca Raton, 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 5/1/13 and assigned  
Florida document number L13000064854.

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*

City, Florida

Zip Code

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>
MGR	DWLC Enterprises, Inc	2513 Burns Road	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
mgem	Justin Dalmolin	617 Lighthouse Drive	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
mgem	Jaime Snarski	617 Lighthouse Drive	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated November 21, 2013.

Signature of a member or authorized representative of a member

Justin Dalmolin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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