

L13000064854

(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:

Amend

Office Use Only



600260045436

05/12/14--01040--012 **25.00

FILED
14 MAY 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIET & Weight Loss Centers of Boca Raton, 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

ThinWORKS Centers, LLC

Firm/Company

5080 PGA BLVD Ste 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

Name of Person

at (305)

Area Code

975-6203

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**

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 05/02/13 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)

FILED
14 MAY 12 PM 4:15
CLERK OF STATE
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:

ThinWorks Centers, LLC

New Registered Office Address:

5080 PGA Blvd Ste 217

Enter Florida street address

Palm Beach Gardens

Florida

City

33418

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Justin Dalmolin	617 Lighthouse Drive	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
MGRM	Jaimie Snarski	617 Lighthouse Drive	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
MGRM	ThinWorks Centers, LLC	5080 PGA BLVD Ste 217	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 MAY 12 PM 15
 DEPT. OF STATE
 PALM BEACH, FLORIDA

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

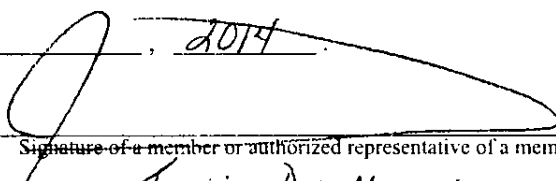
E. Effective date, if other than the date of filing: _____ (optional)

(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

May 8

2014



Signature of a member or authorized representative of a member

Justin Dalmolin

Typed or printed name of signee

FILED
14 MAY 12 PM 1:15
TALLAHASSEE, FLORIDA