

L13 0000 64854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

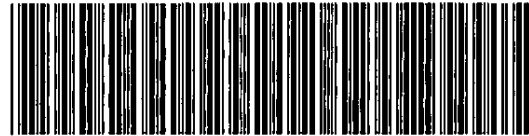
(Business Entity Name)

(Document Number)

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FILED
14 JUN 30 PM 12:39
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 Holdings, Inc.
Firm/Company
2513 Burns Rd
Address
Palm Beach Gardens, FL 33410
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 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

**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 5/2/13 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)

2513 Burns Rd
Palm Beach Gardens, FL 33410

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:

Thin Works Holdings, Inc.

New Registered Office Address:

2513 Burns Rd.
Enter Florida street address

Palm Beach Gardens, Florida
City

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
FLORIDA
JUN 14 2013
11:39 AM
JUL 10 2013

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.

[Signature]
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>
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MGR	ThinWorks Holdings, Inc.	2513 Burns Rd	<input checked="" type="checkbox"/> Add
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		Palm Beach gardens, FL 33410	<input type="checkbox"/> Remove
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MGR	Thin Works Centers, LLC	5080 PGA BLVD Ste 217	<input type="checkbox"/> Add
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		Palm Beach gardens, FL 33418	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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14 JUN 20 11:21:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

6/25/2014

Signature of a member or authorized representative of a member

Justin Delmolin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 30 PM 12:40
TALLAHASSEE, FLORIDA