

L13000168015

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13 DEC 26 AM 10:40
SECTION 1311
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sculpted Beauty by Cavi-Lipo, 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:

Steven Gibbs

Name of Person

The Gibbs Law Office, PLLC

Firm/Company

2150 West First Street 2B

Address

Fort Myers Florida 33901

City/State and Zip Code

Gibbs Law Office, PLLC: info@gibbslawfl.com

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

For further information concerning this matter, please call:

Steven Gibbs

Name of Person

at (239)

415-7495

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**

SCULPTED BEAUTY BY CAVI-LIPO, 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 12/4/2013 and assigned
Florida document number L13000168015.

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)

26381 SOUTH TAMiami TRAIL

#136

BONITA SPRINGS, FLORIDA 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O CONTOUR BODY WORKS

16120 SAN CARLOS BLVD #5

FORT MYERS, FLORIDA 33908

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

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>
MGRM	CONTOUR WEIGHT LOSS CENTER, LLC	16120 SAN CARLOS BLVD, #5	<input type="checkbox"/> Add
		FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Remove
MGRM	DEBRA A. FLORIO	16967 COLONY LAKES BLVD,	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33908	<input 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.)

Dated DECEMBER 20, 2013

Debra A Florio MGAM

Signature of a member or authorized representative of a member

DEBRA A. FLORIO

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA