

L140000669001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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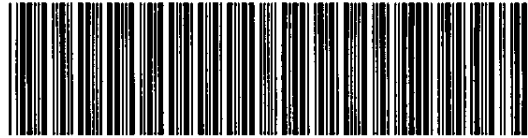
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Shivers OCT 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weight Management Consulting 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:

Eliezer Archange

Name of Person

Firm/Company

7602 SW 7th Pl

Address

North Lauderdale, FL 33068

City/State and Zip Code

earchange@yahoo.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

Weight Management Consulting LLC

The Articles of Organization for this Limited Liability Company were filed on August/26/2014 and assigned Florida document number L14000065001.

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WASHINGTON, D.C. 20520
14 OCT 20 P 11:07
Zip Code

MGR = Manager
AMBR = Authorized Member

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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 10/16/2014

Signature of a member or authorized representative of a member

Eliezer Archange

Typed or printed name of signee

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Filing Fee: \$25.00

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