

L140000 77493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

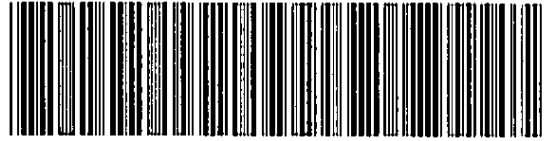
(Document Number)

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04/19/19--01013--012 **60.00

FILED

2019 MAY -9 AM 10:31

C. GOLDEN

MAY 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Image Body Solutions, 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.

Betty Kasper
Name of Person

New Image Body Solutions, LLC
Firm/Company

909 Harbour Bay Dr.
Address

Tampa, FL 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

Betty Kasper at (813) 766-7779
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 checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2019

BETTY KASPER
909 HARBOUR BAY DRIVE
TAMPA, FL 33602

SUBJECT: NEW IMAGE NUTRITIONAL COUNSELING, L.L.C.
Ref. Number: L14000077493

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 219A00008479

RECEIVED

2019 MAY -9 AM 11:37

SECRETARY OF STATE

TO
ARTICLES OF ORGANIZATION
OF

New Image Nutritional Counseling, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 MAY -9 AM 10:31
CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/13/2014 and assigned
Florida document number L14000077493.

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

New Image Body Solutions L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Same)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Same)

(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

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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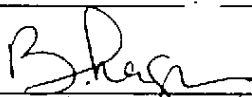
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5-5-19



Signature of a member or authorized representative of a member

Betty Kasper

Typed or printed name of signer