

L14000100962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

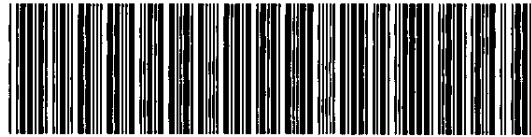
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Nov 5 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pat's Plan 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:

Terri M. Walker
Name of Person

Pat's Plan LLC
Firm/Company

6210 N. Federal Hwy
Address

Ft. Lauderdale, FL 33308-1904
City/State and Zip Code

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

For further information concerning this matter, please call:

Terri M. Walker at (954) 727-2323
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

Pat's Plan 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 6/24/14 and assigned Florida document number L14000100962.

This amendment is submitted to amend the following: To reflect business entity as an S-Corp

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)

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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:

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

See attached Page

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 / 25, 2014.



Signature of a member or authorized representative of a member

Terrim Walker
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of the Treasury
Internal Revenue Service
Cincinnati, OH 45999

In reply refer to: 0231170390
Oct 20, 2014 LTR 385C
47-1193896

PATS PLAN LLC
PHYSICIANS WEIGHT LOSS CENTERS
% TERRI M WALKER SOLE MBR
6210 N FEDERAL HWY
FT LAUDERDALE FL 33308-1904 108

Taxpayer Identification Number: 47-1193896

Form(s):

Dear Taxpayer:

This letter is in response to your request dated October 20th, 2014.

We accept your election to be treated as an S corporation with an accounting period of December 31st, beginning June 24th, 2014. Please keep this letter in your permanent records as proof of acceptance of your election.

Note: If we examine your return, we will verify that this election is appropriate for your situation.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Phillip G Cargile
10077224
Customer Service Representative